Clinical Remarks
ON
ABSCESSES CONNECTED WITH THE FEMALE PELVIC ORGANS.

Delivered at St. Thomas's Hospital,

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GENTLEMEN,—Among the many interesting cases now in my wards there is one to which I have often directed your attention, and with which you are therefore in some degree well acquainted. But it merits a more thorough consideration than I have yet accorded it, and I purpose to devote the present lecture to its discussion.

The case to which I refer is that of an unmarried woman, twenty-eight years of age, who has now (Aug. 1st) been under my care for the last four months. Her history was that she had had good health until Christmas, at which time she began to suffer from cough and abdominal pain; that these symptoms had continued; that about ten days before admission a painful swelling was observed in the lower part of the abdomen; and that the catamenia had been absent for ten weeks.

On admission her temperature was nearly 103°; she had a slight cough, associated with comparative dulness at the left apex, and mucous râles in the same situation; and a fluctuating swelling, apparently as large as a duck's egg, immediately above the outer half of the left Poupart's ligament, within the abdomen but adherent to the parietes. It was clear that there was an abscess situated in the venter of the ileum, and as there was no reason to suspect that it was connected with diseased vertebræ or the kidney, and as it was not far from the site of the ovary, it was thought that it might be due to inflammation involving that organ. As the patient was unmarried no vaginal examination was made. After three or four days the abscess was opened and treated with antiseptic precautions. Three or four ounces of thick fetid pus escaped. The result was very satisfactory, for the abscess rapidly disappeared, leaving only a small sinus, the temperature went down to the normal, and the patient's general health improved, but she still had a slight cough, and the physical signs at the apex of the lung continued. About a month later, without any obvious cause, her temperature suddenly rose to 104·6°, and remained high during the day, and for the next day or two it varied between 98° and 101°. She still had dulness at the left apex, with *bruit de pot fêlé* and mucous râles. But these symptoms had not undergone any particular aggravation, and there was no sign of renewed suppuration within the abdomen. Ten days later, however, two or three hard, tender lumps, about the size of almonds in the shell, were discovered within or beneath the abdominal walls on the right side, in the corresponding situation to the abscess which had existed on the opposite side. These gradually increased in size, then seemed to run together, and at length an abscess formed on the right side, precisely like the one formerly present on the opposite side. On May 29th this was opened, and about an ounce and a half of thick fetid pus was evacuated. For a week or two before this operation the temperature had shown signs of rising, and a day or two before it had reached 102·2°. This operation was also successful, inasmuch as the abscess rapidly contracted, and the temperature for a week or more rarely rose above the normal. After this, however, the temperature became variable, ranging daily from about the normal to 101° or 102°; she perspired a good deal, especially when asleep; and, though the physical signs presented no marked change, her cough became more troublesome. On the evening of June 25th, after the temperature had been rising for two or three days to 102°, she complained of extreme pain across the lower part of the abdomen, and her temperature reached 102·8°. In the early morning of the 26th it attained 104·4°, and later on the same day 104·6°. On this day it was noted that the abdomen was tumid and tense, and in the lower part hard, with some dulness just above the pubes. In this situation there was also a good deal of aching and tenderness. Further, she had some pain in micturition. No lump could be felt. The old wounds still discharged a little pus. On the evening of the 29th, whilst the patient was coughing, she felt something give way, and soon after there was an abundant discharge of pus from the vagina. Again her temperature fell, and again there was improvement as regards both the local phenomena and her general health. The vaginal discharge continued, though in rapidly diminishing quantity, for about a week, and then ceased. An examination was now made for the first time per vaginam et rectum, with the following result:—The uterus is fixed low in the pelvis by a mass of inflammatory exudation, which is limited to the posterior half of the pelvis, and is especially well-marked in Douglas's pouch. The mass here is firm, except in one spot, which is soft, but does not present obvious fluctuation.

From that time almost to the present—namely, Aug. 1st—the patient has remained much in the same general state of health in which she had been during the greater part of her stay in the hospital. Her temperature has varied irregularly from 97·5° to 101·5°. She has been liable to profuse perspirations, has continued very weak, has been troubled more or less with cough, has complained of occasional aching pains about the lower part of the abdomen, and the sinuses there have still discharged slightly from time to time. The most favourable facts in her recent history are that indications of disease in the left lung are less obvious than they were on admission, and that the moist sounds have almost wholly disappeared, and that for the last week or two she seems to have gained flesh and become stronger. There has been no return of the catamenia.

What is the matter with this patient, and what are her prospects? Of course it is clear that she has been suffering from inflammation with suppuration around the pelvic organs. The fact that abscesses formed and presented, first in the left iliac fossa, next in the right iliac fossa, then in Douglas's pouch, and that later there were other obvious signs of inflammatory exudation in the cavity of the pelvis, are conclusive on this point. Admitting so much, the question next arises, To what was the suppuration due? Now, it is well known that abscesses connected with the upper part of the abdomen tend to gravitate into the lower part, and even into the cavity of the pelvis. Psoas abscesses and renal abscesses not infrequently find their way into the venter of the ileum, and then come to the surface in the inguinal region; or even into the pelvis, where, amongst other things, they may open into the rectum, vagina, or bladder, or into all of these cavities. I have known hepatic abscesses descend similarly into the pelvis and involve the pelvic organs; and I can recollect one remarkable case in which an empyema perforated the diaphragm, travelled along the meso-colon to the cæcum, into which it opened, and thence passed downwards into the pelvis, where it perforated the rectum and vagina. The knowledge of these possibilities explains the statement made early in the case that there was no evidence of spinal or renal disease. And I may add that the result of repeated investigations was to satisfy me that the pelvic suppuration in this case was not due to the importation of disease from elsewhere in the body, but had originated in the region in which it was discovered. There are many causes of suppuration in the pelvis and its vicinity; and, indeed, the subject is one admitting of considerable discussion. I shall not enter on such a discussion, but proceed to quote in detail two completed cases which have recently been under my care, in the belief that their consideration will suggest the answers to the questions propounded at the beginning of this paragraph.

CASE 1. *General tuberculosis; tubercle of uterus and Fallopian tubes; tubercular peritonitis; abscess in pelvis, opening into vagina and rectum; death; autopsy.*—Edith S——, a single woman, aged twenty-four, was admitted under my care on Dec. 19th, 1882. About twelve months previously she had some abdominal pain, which she supposed to have been caused by moving a wardrobe. This, however, soon disappeared under treatment. Her present illness began on Dec. 6th, when, owing as she thought to catching cold, she was attacked with pain in the abdomen. This continued off and on, but got much worse three days before admission, when she took to her bed. The pain began across the upper part of the abdomen. On admission she was suffering from well-marked peritonitic symptoms. She lay on her back; her abdomen was somewhat distended, tense, and extremely tender on pressure; her respiration was entirely thoracic. There was no evidence of tumour or of fluid. Her skin was hot, her face flushed; her tongue was

red and raw-looking, and studded with patches of fur; she had no appetite, but was thirsty and occasionally sick. The bowels were constipated, and she had some dysuria. There was a little rhonchus at the lower part of both lungs behind, but no other indication of pulmonary affection; heart healthy. Pulse weak, about 100; temperature ranging from 102° to 103·6°. She was quite sensible. She was treated with opium, and a day or two after admission twenty leeches were applied to the neighbourhood of the umbilicus. After this there was some improvement. The abdomen became less and less tense and tender, and it was obvious that the peritoneal inflammation was gradually subsiding; but on the other hand, her temperature, which became very variable, still rose daily to 101°, 102°, 103°, and even to 104°; her tongue remained dry, she frequently vomited, her nights were restless, and she seemed to get weaker. Further, in the course of two or three weeks profuse night sweats came on, and she had occasional attacks of diarrhœa. Consequently, I came more and more to the conviction that the case was one, not as I had at first anticipated and hoped, of simple peritonitis, but of peritonitis secondary to tuberculosis, or of peritonitis associated with some circumscribed accumulation of pus. Still it was felt that the gradually returning flaccidity of the abdomen, with the almost complete disappearance of tenderness, and the absence of all evidence (from palpation) of circumscribed swelling or tumour were to some extent opposed to these conclusions. On Jan. 25th, after a bad night, she suddenly passed a considerable quantity of thick pus from the vagina. After this, pus continued to escape in varying quantities, but more or less constantly. It was free from offensive smell. For some days after the bursting of the abscess she seemed to improve; her temperature went down a little; abdominal discomfort diminished; she took food better than she had done, and she became cheerful. But this improvement did not last, and she began to complain especially of pain and tenderness in the iliac regions. The abdomen, however, had by this time become collapsed, and was still generally free from tenderness, and from all evidence of tumour or fluid. On Feb. 7th a vaginal examination was made, and the abscess was found to have made an opening at the back of the vagina, immediately behind the cervix uteri. It was observed also that no large collection appeared to exist between the vagina and rectum. About this time an abscess that had been forming in the right axilla was laid open. From this date she remained for the next few weeks with but little change. The discharge continued from the vagina, and from the axilla; she complained of more or less tenderness and pain in the iliac regions; her temperature was very variable, but of the hectic type; she perspired much at night, and she slowly lost flesh and strength. Her tongue was fairly clean; her appetite pretty good, and she was rarely sick. On March 11th she passed for the first time a little solid fæces with her vaginal discharge. This continued for some days, and then disappeared for a time, to return again on the 27th, after which more fæcal matter passed by this route. The discharge, however, now and henceforth, was offensive. About the same time she began to suffer off and on from diarrhœa, and pus was often detected in her motions. On the 16th an abscess which had been presenting in the perineum was opened, and much pus escaped from it. It continued to discharge. From this time she slowly but steadily got worse. The discharge from the vagina, which was now always offensive, continued. She complained of pain in her back, and in the iliac regions. She lost her appetite and began to vomit. Her tongue became dry, and sordes accumulated on her teeth. Her temperature, though often rising high, occasionally descended below the normal. Her pulse, which had hitherto been a little over 100, ran up to 120, 130, and 144. Her perspirations at night were generally profuse. She grew exceedingly weak and painfully emaciated, and her abdomen got as hollow as that of a person dying from obstruction of the œsophagus. She was very restless, especially at night, but retained her senses perfect to the last. She suffered a little from urticaria a few days before her death, which resulted from exhaustion on April 30th.

Autopsy.—Body extremely emaciated. On opening the abdominal cavity, this was found, excepting in the pelvis, to be free from serous effusion, congestion, or the signs of recent inflammation. But the great omentum was adherent to the parietes in front and to the bowels behind, the bowels to one another, and the liver to the diaphragm, by thin membranous adhesions; and these were studded somewhat thinly with round and nodulated masses of yellow tubercle, varying from the size of a pin's head to that of a pea. The lower part of the mass of small intestines was adherent to the brim of the pelvis, to the bladder, and to the uterine appendages; and this formed the roof of an abscess, which mainly occupied the recto-vaginal pouch, and into which the uterus and its appendages projected. The walls of this cavity were flocculent, discoloured, and dirty-looking, and it contained only a little turbid pus. In its parietes tubercles were found here and there. Further examination showed that the abscess communicated by two orifices with the upper and back part of the vagina, and by several small orifices with the contiguous rectum. The form and size of the uterus, and the substance of its walls, were normal; but the mucous surface was occupied by an abundant tubercular deposit. The Fallopian tubes were much twisted and thickened, and their dilated channels were full of cheesy tubercle. The spleen contained a few caseous tubercles. Grey tubercles were sparingly scattered throughout the lungs, and the lower part of the right was in a state of grey hepatisation. The remaining organs were all healthy.

This case is a very instructive one, for, apart from its value in relation to the case with which I commenced my lecture, it illustrates several points of much importance. In the first place, it shows that the symptoms of tubercular peritonitis may come on in an apparently healthy person with the sudden severity of idiopathic peritonitis, and that in the early stage the two affections may excusably be confounded. In the next place it demonstrates that the peritonitis of tuberculosis may subside wholly, leaving no clinical trace whatever of its former existence, and merely such old adhesions behind as result from simple peritonitis. And, in the third place, it furnishes an example of a fact I have often observed, that tubercle of the uterus need not present any symptoms to direct attention to the uterus as the seat of disease. I may add, in reference to this case, that while somewhat early in its progress I had formed the opinion that the persistence of hectic temperature and other symptoms were due either to the presence of tuberculosis or the formation of a deep-seated abscess, and that although for a time after the first discharge of pus I hoped, and thought it probable, that the latter alternative had been the sole cause of her later sufferings, I never got quite rid of the fear, which finally predominated and was justified by the event, that the pelvic suppuration was connected with tuberculosis of the internal organs of reproduction.

CASE 2. *Fibrous tumour of uterus developing with pregnancy; miscarriage; pelvic inflammation with discharge of pus and of a fibrous tumour per rectum; recovery.*—Sarah S——, aged thirty-one, three months and a half married, was admitted under my care on Oct. 27th, 1882. She has always been delicate, but has never had any serious illness. Ever since her marriage she has complained of some uneasiness in the cæcal region. Her present illness, however, began on the 14th of the month, when she was attacked with severe pain in the cæcal region, and fever. The medical man who was called in assumed that she was suffering from typhlitis, and treated her accordingly. During the fortnight prior to admission she had diarrhœa, alternating with constipation and vomiting. When I first saw her she was already much better than she had been; her fever had disappeared; the swelling in the cæcal region had diminished, and it was much less tender and painful than it had been. She was pale and delicate-looking, and spare. There were no signs of thoracic disease. The abdomen generally was flaccid, and not tender on palpation. But in the cæcal region was a rounded but slightly irregular tumour, apparently about the size of an orange, which extended a little beyond the mesial line and nearly as high as the umbilicus. It was tender, but not extremely so, hard, and without sense of fluctuation, and very slightly movable. In the left iliac fossa, a little internal to the anterior superior spine of the ilium, was a second tumour—oval, hard, as big as a large plum, and freely movable. There was, further, an indistinct sense of resistance, deep seated, thoughout the region intervening between the tumours, suggestive of a solid background from which these stood out in relief. The tumour in the cæcal region, if it had been alone, might well have been (as had been supposed) due to typhlitis; but the presence of a second tumour on the opposite side, and of the indistinct solid substratum, rendered this view untenable. And after full consideration it was concluded either that the tumours were malignant, or that they were fibrous tumours of the

uterus which had grown with the enlarging walls of the uterus during the pregnancy, which it was suspected might have arisen shortly after her marriage. There were no tumours elsewhere in the abdomen, or in any other part of the body. And for these and other reasons the last explanation was that to which I leaned. She remained fairly well; and, indeed, seemed improving in health, sleeping well, having a fair appetite, and complaining of little abdominal uneasiness. On the 2nd or 3rd of November she was examined by the obstetrical physician, who reported that she was pregnant. The next day the temperature, which had hitherto been normal, rose to 100°. It remained at about this level, and she became feverish, and complained of pain in her limbs and nausea. On the 7th her temperature rose to 104·8°, and she had a severe rigor. She had another on the 8th. She remained very ill, and on the 10th had a miscarriage. There was reason to believe, partly from the patient's symptoms, partly from the condition of the fœtus, that the death of the fœtus had occurred about the time at which the patient's temperature rose—namely, a week or so before the miscarriage. At this period a third movable tumour, about the size of an almond, was found in the lower part of the abdomen, midway between the other two. From this time to about the 20th the patient went on very well. Her temperature remained about normal; she had little pain or uneasiness in the belly, and her appetite and sleep were good. The tumours were carefully examined from time to time, in the hope that they would be found to diminish in size with the diminishing womb; and it was believed that they did diminish slightly, and that they also became harder. On the 20th she began to have recurrence of fever, and renewal of pain in the lower part of the abdomen, and tenderness in the situation of the tumour. Between this date and the 30th the temperature ranged between 100° and 105°; and she had one or two rigors. Again she was very ill and weak, and there seemed reason to believe that the case might, after all, end unfavourably. On Dec. 1st, however, the patient began to pass pus with her motions; and her temperature again descended to the normal. Her pain subsided, and the abdominal tumours were believed to have become somewhat smaller. Dr. Gervis, who examined her on the 4th, stated that there were evidences of "pelvic cellulitis." On the 5th the patient, who was still passing pus with her motions, also discharged from the rectum a hard round mass, about the size of a pigeon's egg, which on section looked like, and on microscopic examination turned out to be, a fibrous tumour of the uterus. The discharge of pus continued for a few days more, and then ceased. From this time improvement was progressive. The pain ceased; the abdominal tumours gradually disappeared; her appetite returned; she slept well; she recovered her strength and healthy look; and she left the hospital well on Dec. 22nd. She came to see me a couple of months later, looking and feeling as well as she ever had done. I examined her carefully, and no trace of tumours was to be detected.

This case, like the former one, presents many points of special interest, and deserves special study. It may be fairly assumed, I think, that the original diagnosis of the case was correct. I am free to admit, however, that my reliance on the accuracy of my diagnosis had sensibly diminished by the time at which the discharge of a fibrous tumour from the rectum occurred to confirm it. The course of events seems to have been as follows:—The patient had at the time of conception small uterine fibrous tumours; they enlarged (as they always do) with the enlargement of the womb, and then, from some cause or other, became involved in inflammation; this inflammation was subsiding when, as a consequence apparently of the examinatian of the womb for diagnostic purposes, the death and discharge of the fœtus took place, and concurrently pelvic inflammation became re-excited or intensified; finally suppuration developed in the cavity of the pelvis, involving also the outer walls of the uterus and the tumours connected with it, of which one became detached and was evacuated with the abscess by the rectum.

It is very interesting to compare the steady progress from bad to worse, and ultimate death, in the case of pelvic suppuration, associated with the presence of tubercle, with the final complete recovery after alarming relapses and complications of the patient where pelvic suppuration was simply "idiopathic."

I do not know that I need discuss exhaustively the resemblances and differences between the two cases just narrated and that which forms the text of my lecture, or that I need weigh minutely the evidence which may be derived from them interpretative of its pathology. It will, I think, be admitted that, while there are many points of resemblance between them, it is to the former of the two completed cases rather than to the latter of them that the case now under treatment claims most affinity. For while in all the cases the most striking phenomena of disease were connected with pelvic inflammation originating in, or at any rate involving, the essential organs of reproduction, and proceeding to the formation of abscesses which discharged themselves by one or more of the routes which such abscesses usually select the last case stands apart from the others in the facts that the pelvic suppuration was connected with the presence of fibrous tumours of the uterus and with pregnancy, and was induced or aggravated by the induction of premature labour. On the other hand, there are many considerations which collectively render it almost certain that my present case and that of Edith S—— are essentially identical: in both the pelvic suppuration has been chronic in its progress and the abscesses have been slow to heal; in both there has been persistent hectic fever; and while in one tubercles were found after death in the uterus and Fallopian tubes, peritoneum, lungs, and elsewhere, in the other there have been from the beginning obvious signs of the presence of tubercle in the lungs. Indeed, I am driven to believe that my poor patient is suffering, as the other did, from general tuberculosis with special implication of the reproductive organs; and, alas, I cannot but fear that, even though of late there has been manifest improvement both in her local maladies and in her general health, the issue of her case will be unfavourable, and probably not long delayed.

ON TWO CASES OF

TUMOUR GROWING FROM THE BASE OF THE SKULL.

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TUMOURS which grow from the base of the skull are, from the position they occupy, generally known by the name of naso-orbital or naso-pharyngeal tumours. They are somewhat rare, and their successful treatment taxes the resources of the surgeon to such an extent that they must always be of interest. The occurrence of two cases in my practice at the Manchester Royal Infirmary almost at the same time is one of those curious coincidences occasionally met with. The details of these cases are from the notes of Mr. Hunton, dresser.

CASE 1. *Myeloid sarcoma in a patient who had previously suffered excision of the superior maxilla; removal; recovery.*—Samuel R——, aged thirty-four, was admitted on Jan. 10th, 1883. He says that in childhood he had his right upper jaw taken out by Mr. Bickersteth of Liverpool, but he is unable to furnish any particulars as to the affection for which the operation was undertaken. He had no further trouble till two years ago, when he first noticed a swelling on the right side of his face. It seemed to occupy the place of the removed bone, and gradually became larger. About six months ago the rate of growth was more rapid, and this has especially been the case during the past few weeks. From the first there has been some pain of a throbbing character, which became more troublesome as the tumour increased in size. At times, also, there have been slight hæmorrhages from it, though not for some months past. The patient's general health has suffered considerably of late. The right cheek bears the scar of Fergusson's incision for removal of the superior maxilla, and it is somewhat fuller than the left. The right eye also projects slightly. On the patient opening his mouth, the right upper jaw is found to be absent, and in its place there is a red fleshy tumour, which occupies a large part of the cavity of the mouth. The surface which rests on the tongue is flattened, but the general outline of the tumour is rounded, smooth, and free from lobulation. To the touch it is firmly elastic. In front it is in contact with but not adherent to the cheek, and it extends across the roof of the mouth nearly to the left molars, but the finger passed around it can feel that the remaining hard palate on the left is not implicated in the growth, and that the soft palate is

tightly stretched across behind it. On pushing the finger up behind the soft palate, no distinct line of demarcation can be made out between the growth and the back of the pharynx. The portion which projects into the mouth can be swayed about on its deep attachments. The movements of the lower jaw are not interfered with.

Operation, Jan. 17th.—An incision was made through the old cicatrix, from the angle of the mouth to the zygoma, and the cheek reflected. The outline of the tumour was then traced with the finger, and its attachments separated, at first those in front and afterwards from behind. It was found to be intimately adherent to the internal pterygoid muscle, and a portion of this was removed with the tumour. Attachments to the pterygoid plates were next met with, which were freed with a raspatory. The soft palate being ascertained to be adherent, was divided in the middle line, and removed on the right side. The tumour was now felt to be attached to the base of the skull, and the raspatory was again carefully used. As the separation of the mass was effected from before backwards, the tumour appeared to pass behind the posterior wall of the pharynx, and to be attached to the front of the vertebral column. There was therefore considerable laceration of the mucous covering at this part. There was pretty free hæmorrhage; but all the bleeding points were secured without difficulty, with the exception of one of the principal branches of the internal maxillary in the substance of the pterygoid muscle, which gave a very great deal of trouble, but was at length ligatured. The cheek flaps were brought together with silver wire sutures. The recovery of the patient was uninterrupted, and he was discharged to the Convalescent Hospital at Cheadle on Feb. 1st. He was seen on April 4th, and remained well, except that he suffered some inconvenience from inability to close his eye on account of a falling down of the lower lid. The tumour was examined by Dr. Dreschfeld, who found it to be a myeloid sarcoma.

CASE 2. *Naso-pharyngeal tumour, with projections into the pterygo-maxillary and zygomatic fossæ; osteo-plastic section of the superior maxilla; recovery.*—William H——, aged nineteen, a mill hand, was admitted to hospital on Feb. 5th, 1883. He states that the first indication of his present affection occurred about four years ago, when "a boil burst in his mouth, and a great quantity of matter came

out." Ever since then he has had a swelling in his right cheek, which has slowly increased in size. About two years later a large quantity of blood was lost from his nose, and about one year ago a lump suddenly came down into the right nostril. This could be pushed back for a time, but for some months past he has been unable to do so. Since the nostril became plugged, he has frequently had discharges of blood down his throat. Before the first attack of bleeding he was stout and ruddy, but since that time he has lost condition and has become very pallid. He is a pale, pasty-looking lad, thin and flabby. On inspection a fulness is seen below the malar bone, distending the cheek, and separated by the zygomatic arch from a swelling extending into the temporal fossa. The right nostril is dilated by a fleshy growth, which protrudes a little from it, the septum is pushed towards the left, and the left nostril narrowed. The skin is freely movable over the swelling. That portion of the latter in the cheek has a well-defined outline, and is smooth and elastic. The portion above the zygoma is softer and less definable. The soft palate is bulged downwards, and the finger placed behind it detects a soft, fleshy mass, slightly movable, blocking up the posterior nares. The point of attachment cannot be felt. The patient can breathe only through his mouth, which, during sleep, is kept widely open. He snores heavily, depressing also the lower jaw at each act of inspiration. The diagnosis arrived at was a tumour growing from the base of the skull, with prolongation into the naso-pharynx and the pterygo-maxillary and zygomatic fossæ.

Operation, February 10th.—The patient being under the influence of chloroform I carried an incision from the point of junction of the malar bone with the zygoma along the lower border of the orbit to the nasal process of the superior maxilla. A second incision was then carried from the latter point down the side of the nose as far as the ala, and at its lower part entering the nostril. The nasal process of the superior maxilla was then divided with pliers, the malar bone sawn across, and the antrum entered by carrying the saw through the superior maxilla close to the border of the orbit. The finger was then pressed into the nostril, and the body of the superior maxilla forcibly turned downwards. Following the outline of the tumour the inner wall of the antrum was pressed aside by the finger, and the various prolongations could then be reached without difficulty. These were one by one pulled out from their bed, with occasional touches with the point of the knife, and being then gathered together the pedicle was traced to the body of the sphenoid bone, from which it was carefully separated with a blunt raspatory. There was not much difficulty with hæmorrhage. The tumour appeared to have sent a process outwards through the spheno-palatine foramen, and there to have turned round the outer wall of the antrum, one lobe passing upwards beneath the zygoma and another downwards into the loose connective tissue of the cheek. There was considerable absorption of the zygomatic wall of the antrum, though in tracing the tumour onwards with the finger the thin and brittle bone gave way in places and some loose fragments were afterwards picked out. The superior maxilla was then replaced, being retained *in situ* by means of two catgut sutures passed through the orbital plate. The soft parts were finally brought together with silver wire sutures. With the exception of an epileptic fit on the sixth day after the operation, nothing occurred worthy of note during the rest of the patient's stay in hospital. The wire sutures were removed on the 14th, the incisions being healed, and he was sent to the convalescent hospital on the 28th. Three weeks afterwards he returned, an abscess having opened in the line of the infra-orbital incision. This was found to be due to irritation set up by one of the catgut sutures in the bone. On its removal the abscess quickly closed, and the patient went home. He came to show himself a couple of months afterwards, and remained in all respects well. Dr. Dreschfeld examined the tumour, and found it to consist of fibrous tissue with a large proportion of spindle cells.

Remarks.—The second of the above cases was a typical example of the usual manner of the growth of tumours springing from the base of the skull, and the presence of the various lobules in regions accessible from this point of origin left no room for doubt in diagnosis. The woodcut taken from a photograph of the patient shows very strikingly the characteristic appearance produced by such a growth.

As regards the first case, on the other hand, the exact diagnosis was complicated by the absence of the superior maxilla. It was scarcely likely that at the age of thirty-two the patient had begun to suffer from the recurrence of a tumour removed in childhood; and, again, it seemed sufficiently remarkable that the site of the removed bone should have become occupied by an entirely new growth proceeding from some other part. The latter view seemed the more probable, however, and although no very precise opinion was formed as to the place of origin of the tumour, I judged it probable that it came from the base of the skull, that the direction of its growth had been determined by the absence

of the superior maxilla, and that it might fairly be presumed to be removable by operation. The relations of the tumour as met with at the operation justified this opinion, and I think that there can be little doubt that this case was essentially similar to the former, and that under normal circumstances it would have assumed the appearances of a naso-pharyngeal tumour. Extensive and intimate connexions to surrounding parts are by no means uncommon in such cases.

The preliminary step for the exploration and removal of tumours attached to the base of the skull must, of course, be largely dependent on their presumed extent and connexions, but the experience which has been gained in the method of temporary displacement of some part of the superior maxilla, as suggested by Langenbeck and Huguier, seems to show that the complete removal of any part of this bone can rarely be necessary. It therefore becomes a question how best to place the incisions through the soft tissues and bone, with a view to the subsequent replacement of the parts. With regard to this I would remark that, if it be borne in mind that in cases in which the tumour has passed beyond the naso-pharynx it will in all probability have produced considerable absorption of bone, a more limited application of the saw may be found to suffice than would at first sight appear needful. And if some portions of the deeper part of the bone have to be broken through, and even removed, no harm will result. This will in no way interfere with the great object held in view in such an osteoplastic operation—namely, the preservation of the contour of the face and of the integrity of the palate. I therefore think that the displacement of the anterior wall of the antrum will, in many cases, give as great facilities as the more troublesome operation of carrying the saw through its zygomatic wall as well. By forcibly bending over the bone above the alveolar ridge a wide, hinge-like attachment is secured, and there can be no difficulty in replacing it.

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CASE OF

APHASIA WITH RIGHT HEMIPARESIS, IN A GIRL AGED TWELVE YEARS.

BY H. MALLINS, A.B., M.B., M.CH.

ALICE J——, twelve years of age, came under observation on June 8th, 1881, suffering from aphasia and loss of muscular power of the right arm and leg. Her father, a labourer by occupation, was an only child, and has always been healthy. Her mother, who lost a sister "in decline," was quite well up to two years ago, when she seems to have had an attack of hemiplegia, which lasted for a few weeks. Her sight, which had been previously failing, was completely lost after this attack. Both optic discs are now atrophied, and constant pain in the head is complained of. The subject of this report is one of four children, two of whom died in early infancy. Her sister is twenty-five years of age, and has always been healthy, as she herself has been up to Jan. 28th, 1881, on which day her mother noticed, when fetching her home from a neighbour's house, that she dragged her right leg and spoke indistinctly, "in a stuttering kind of way." She was seen on the following day by a medical man, who said that her tongue and right side were paralysed. The stammering alluded to was followed, in about a week's time, by complete speechlessness—a state which continued more than a month, when her speech began to return, and at the end of ten weeks was so completely restored that she commenced to go to school again. The right arm became strong enough to permit of her writing; the right leg also improved, slight dragging of the foot, however, still persisting. About the beginning of May pain in the head was complained of, not very constant or severe in character, and referred to the left fronto-parietal region. A few days later her speech once more began to be indistinct, and remained so for three days, when complete aphasia ensued. The loss of power of the right side now became more pronounced.

Present condition (June 8th).—The patient is a cheerful, intelligent-looking girl; physique, with the exception of an abnormal development of abdominal fat, good; complexion clear; pupils normal as to size and function; sight good; no ptosis; no strabismus; no injection of sclerotic or conjunctiva; hearing unaffected; no otorrhœa or history of such. The digestive, renal, respiratory, and circulatory functions are duly performed. When asked if she has pain anywhere, the hand is at once placed on the left fronto-parietal region. This pain, the almost complete inability to speak, the dragging of the right foot, and weakness of the right arm, are the only departures from the standard of health. The aphasia is almost complete. The only words spoken are "yes," which she says in reply to every question; and "there," when any object attracts her attention. The intellect seems unimpaired; when shown a spoon and asked if it is a fork or a knife, she shakes her head to express dissent; on its right name being mentioned she gives an affirmative nod. When shown the letters of the alphabet and asked to pick out any particular one she does so correctly, after a good deal of hesitation. It cannot be determined whether the power of writing is lost or not, as she obstinately refuses to make the attempt. There is no wasting of the muscles of the right upper extremity; the hand can be well raised over the head, its grasp, however, is decidedly weaker than that of the left hand; there is a slight but decided tendency to flexion of the thumb and forefinger. The loss of power in the right lower extremity is not considerable, there is paresis rather than paralysis, sufficiently so, however, to produce a slight dragging of the foot when she walks. The temperature of both the right arm and leg is sensibly lower than normal; no loss of cutaneous sensibility can be made out; the electro-contractility and sensibility are the same as on the unaffected side; the patellar reflexes of both sides are equal.—August 11th: The only word now spoken is "yes"; it is uttered more distinctly than before.—Sept. 12th: Eyes examined with the ophthalmoscope; no abnormal appearances observed. There seems to be more loss of power in the fingers of affected hand.—Oct. 17th: General health continues excellent. The foot drags less, but the hand is still very weak. The last few days she has spoken the word "mother" in addition to "yes."—Nov. 5th: Pronation and supination of right forearm effected with difficulty. When signed to close her hand she has first to fix the thumb in its proper position with the fingers of the left hand.—May 6th, 1882: No change. She still puts her hand over the left side of the head, when asked if she has any pain.—June 1st: Eyes again examined with the ophthalmoscope. The only abnormal appearance noted was decided dilatation of the veins of the left disc as compared with those of the right.—June 1st, 1883: General health continues excellent. The thumb continues to be flexed. Has no pain in the head now. Her vocabulary consists of the three words "yes," "no," and "mother."

Remarks.—The occurrence of persistent well-marked aphasia, with right hemiparesis, in such a young subject as that whose history is above recorded would seem to be very rare. Neither Hammond, Althaus, nor Reynolds's "System of Medicine," vol. ii., mentions such a case. Trousseau mentions two cases, aged three and thirteen years respectively, which occurred during convalescence from fever, and both of which completely recovered. Several cases of a like nature have been recorded by different observers, in all of which the power of speech has been eventually restored. The case being of such an unusual kind, the nature of the lesion presumably affecting the corpus striatum and posterior frontal convolutions of the left brain, becomes an interesting question. The sudden occurrence of the symptoms in the first instance would seem to point to cerebral hæmorrhage or cerebral embolism. The first cause is so rare in such a young subject that, in the absence of any corroboratory evidence, it may be dismissed from consideration. An embolism of the left middle cerebral artery would account for the symptoms, the first having been of small size, and causing but temporary effects, the second being of larger dimensions, and leading to permanent derangement of structure and function. But in the absence of valvular disease of the heart, or of any of the morbid conditions that predispose to embolism, such a conclusion does not seem justifiable. The absence of cachexia, of any history of a blow on the head, or of any discharge from nose or ears, precludes, though not absolutely, the idea of an abscess of the brain. The symptom of pain referred to the fronto-parietal region is of some help in the diagnosis, for though pain is common to many cerebral diseases, and, moreover, is often referred to a situation the most remote from the real site of mischief, as in the case of tumour of the cerebellum, where frontal pain is often complained of, it is here referred to the region where the

presumed lesion exists—namely, the front part of the left brain. The history, age, and good general health of the patient may fairly be held to negative the suspicion of syphilitic growth, aneurism, or cancer. Having thus eliminated most of the causes of cerebral diseases, the existence of some form of tumour remains to be considered. The ordinary forms of tumour do not occur in young subjects. There are, however, two adventitious products which are often found in the brain at an early age—viz., tubercle and gliomata. To one of these causes I am disposed to attribute the symptoms, and preferably to the former, both because it is the more common, and because the idea derives support from the history of a near relative succumbing to a probably tubercular affection of the lung. The comparatively sudden occurrence of the symptoms was probably due to thrombosis of the left cerebral artery, resulting from inflammatory activity in the immediate vicinity of the deposit.

Watton, Norfolk.

A CASE OF APHASIA; RECOVERY.

BY JAMES COPLAND, M.D., C.M.,
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THE patient, a man of sixty-five years of age, long subject to weakness and irregularity of the heart, had otherwise enjoyed good health, and was of temperate and regular habits. On March 14th, 1880, at 10.30 P.M., soon after retiring to bed, he was found speechless. He had been moving about as usual during the day, and had attended church in the evening. A friend who walked home with him had observed that he showed some difficulty in speaking. I learned that for a week previous he had appeared duller than usual, and had said he felt "there was something working on him." Shortly before this he had received a fright from a horse kicking up near him, the blow of which he narrowly escaped. I saw him about 11 P.M. He quite understood what was said to him, but his expression was duller than usual; the right pupil was dilated and fixed, and the only word he could speak was "no." When asked a question which he wished to answer in the affirmative, he said "no," but with a significant movement of his head. There was facial paralysis on the right side, but not so complete as in paralysis of the portio dura of the seventh nerve. He could close the eye, but could not whistle. The tongue, when protruded, turned slightly towards the right side. The right arm and leg were partially paralysed. He could move the arm in a weakly manner, but could not direct its movements as he desired. The pulse ranged about 60, with occasional intermissions. A small blister was applied behind the right ear, cold to the head, the feet kept warm, and five grains of calomel and ten grains of rhubarb were administered. A mixture containing carbonate of ammonia and spirits of chloroform was given every four hours. The bowels acted twice before 10 o'clock next morning. The symptoms remained the same. In the evening, a small blister was applied behind the left ear. On the 16th, in consultation with Dr. Gillies, solution of strychnia in two-minim doses was ordered in a mixture containing nitrous, sulphuric, and chloric ether, and sinapisms were applied to the calves. Two days afterwards the strychnia was increased to three-minim doses. Beef-tea and two glasses of spirits, in divided doses, were taken daily. Treatment of a similar kind was continued throughout. On the 17th he was asked by the nurse to write with a pencil, but on attempting it he found he could not direct it as he wished. On the 20th in my presence he wrote his name, in a very feeble and imperfect way, omitting some of the letters. On the evening of the 23rd he seemed duller than before, and the right pupil, which had returned to its normal state, was dilated, but these symptoms passed off on the following day. The strychnia was now increased to four-minim doses, which was continued during the next fortnight, with great benefit, the bowels acting regularly every day. The only purgatives given after the night of the attack were two powders, each containing two grains and a half of calomel and five grains of rhubarb, which were administered within the first ten days. On the 25th, on testing whether he could pronounce any word beside "no," he succeeded with "on." In attempting "come" he could only say "om." The power of swallowing and the bodily health generally are much improved. The arm is regaining its strength in grasping, and he can move the hand in every direction. He shows no improvement in writing with a pencil, and is quickly wearied with the effort. He sat up after this for an hour or two daily in an arm-chair, and on April 3rd, with some assistance, had his clothes put on. On the 4th, exactly three weeks after the attack, he spoke a few words, which were intelligible, although not very distinctly articulated. On showing him some words in large type he read them correctly. —6th: Speech slowly improving; medicine and diet as before; has been walking out daily in the garden since the 4th; can use knife and fork in cutting a potato.—11th: Speaks with great freedom; can use the right hand for all ordinary purposes, but it is not so strong as the other; the sight, which was impaired, has returned to its normal state.—19th: The cold cloth which he has kept applied to his head ever since the attack is discontinued.—23rd: Is able to read a newspaper with understanding, but has difficulty in reading it aloud. He does not remember readily the sound of the words, although he can speak them easily when pronounced in his hearing.

From this time there was gradual improvement in strength, which was assisted by the use of digitalis, iron, &c. By May 18th his general health seemed to be as good as before the attack. He had no difficulty in speaking distinctly. Although able to read a newspaper so as to understand it, he still felt difficulty in reading aloud, as he could not remember readily the sounds of the words. The subsequent history of this case up to the present time (February, 1883) has been most satisfactory. He has followed his quiet employment (chiefly out of doors) in the enjoyment of good health, with one or two brief interruptions. On Dec. 18th, 1880, he was seized with a shivering fit, and on examining the heart I found at the apex a strong blowing murmur accompanying the first sound, and completely covering the second. It was heard less distinctly towards the base. Pulse 104. A mixture of aromatic spirit of ammonia, solution of acetate of ammonia, tincture of digitalis, and a sedative solution of opium was ordered. In a day or two the murmur disappeared, and he was in his usual state of health. On May 2nd, 1881, he felt a strange sensation, as if the side of his head were compressed, then his head was thrown backwards, and he fell to the ground in a state of unconsciousness. He was alone and unobserved at the time, and probably remained unconscious about half an hour. He stated that he had experienced a similar sensation before this occasion, passing up the right side of his head, but without producing unconsciousness. —Feb. 1883: He continues to enjoy good health, and follows his usual employment, although his heart is weak and he is unable to bear much heat, exertion, or excitement. There is no appreciable change in his power of conversing from what it was before the attack. He is able to read with ease, but feels any attempt at writing irksome, and seldom makes it. Sometimes he can write his own name fairly, but at other times he has much greater difficulty, and omits some of the letters, showing his memory to be impaired. With this exception his recovery from the cerebral lesion which produced aphasia may be regarded as complete. A stranger unaware of what had occurred would be unable to detect any trace of it.

The satisfactory issue of the case may, I trust, assist others in forming their prognosis in similar cases. I would only venture to add that from the beneficial effects of strychnia and digitalis experienced in this case these remedies appear to be worthy of more extensive application than they generally receive.

Dunedin, New Zealand.

PROSTATIC GOUT.

BY REGINALD HARRISON, F.R.C.S.,
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I PROPOSE offering some observations on an inflammatory condition of the prostate which, though never, I believe, terminating in abscess, is attended with much suffering, and not unfrequently leads to further consequences. Though this gland is not so often selected for acute gouty manifestations as the ball of the great toe and the vicinity of some of the smaller joints, yet cases are sufficiently common to make the subject deserving of comment, and particularly in reference to one or two points. Gouty prostatitis, so far as I have observed it, occurs in persons who, though having a

gouty diathesis, either hereditary or acquired, have previously remained free from the more ordinary attacks of this disorder. Its occurrence is often assigned to catching cold, getting wet, or sitting upon damp seats. Like gout acutely affecting the great toe, the attack usually comes on at night, the patient experiencing severe pain, which he refers to the perineum, and not unfrequently likens to a hot cork. Though painful, the desire to micturate is irresistible, and is accompanied with spasms, which often render any attempt to retain urine, even while the patient is getting out of bed, almost impossible. Sympathetic pain is at the same time experienced in the groin, or in one or both testicles, rendering the latter extremely sensitive to the touch. Exploration of the rectum with the finger—a necessary examination, which is sometimes so painful as to call for an anæsthetic—shows the prostate to be both tense and tender. During the day the symptoms generally abate, to recur at night. Like the analogous manifestation in the great toe, these acute prostatic attacks are not usually of long duration, as they merge into a chronic form, which will presently be noticed. The urine is loaded with lithates, and is invariably of an acid and irritating character. After an acute attack the prostate is often left excessively sensitive, and this is a point worthy of special consideration. After an acute attack of gout in the foot the limb is tender, and the person is more or less lame. So with the prostate: it remains sensitive, and the patient dreads to call forth sufficient muscular force to completely empty his bladder. In fact, he lets his urine dribble off voluntarily, and retains a portion of it, so as to form a sort of water-bed behind his prostate. In this way he wards off from his sensitive gland the last and most painful efforts of each act of micturition. Watch a patient, with a prostate tender from gout, pass water, and the manner in which he cautiously eases off the pressure as the act is about to close is very significant. I have satisfied myself on several occasions that a degree of retention was thus caused by passing a rubber catheter and removing an ounce or so of urine, when it was believed by the patient that he had emptied his bladder.

It is generally conceded that an hypertrophied prostate which causes urine to be constantly retained within the bladder is a condition favouring the formation of stone. I have thus endeavoured to show that the urine of the gouty is not unfrequently submitted to similar conditions, but under different circumstances. May not this consideration explain why the inorganic elements of the urine of one gouty person concrete, whilst in another they do not? Is the shortness and dilatability of the female urethra sufficient to explain the rarity of stone in women, even in those of a markedly gouty diathesis?

In the treatment of acute prostatic gout there are one or two points to which prominence is to be given. In the first place it is always associated with a highly acid condition of the urine, and with an excess of urates as well as of uric acid. The administration of alkalies under these circumstances can hardly be regarded other than as a natural expedient. It has been stated that the neutralisation of these urine-salts by the alkali is little else than masking the disorder, as the cause of it still remains untouched. But there is a mechanical aspect to this question which must not be passed by entirely without notice. One effect of the administration of alkalies upon such urine is not only attended with a marked disappearance of the urate salts from the urine, but careful microscopical observation has shown that the use of alkalies is frequently followed by a change in crystalline form, which is of considerable advantage to the patient, though he may still continue to void urates. When the degree of vesical and urethral irritation was intense, I have seen all this disappear coincident with a change in the crystalline form, being brought about by some artificial means. It is interesting to notice the relation the mucus that is deposited in the urine holds to the kind and quantity of the crystalline forms existing in health as well as in disease in this excretion. Some crystals of uric-acid salts, for example, excite an immense discharge of this mucus. Such salts seem to act upon the urinary apparatus much in the same way as a foreign body in the eye stimulates a flow of the natural secretion, and renders it inordinate so long as the irritant remains there. Can it be doubted that the means we possess of influencing the urinary mucus through changes in the urine salts we are capable of artificially effecting are not important ones in relation to the subject of stone formation? Does not such a consideration take us one step further back in treating calculous disorders, or the tendency thereto, by bringing them distinctly within the scope of medicines rather than of machines?

The chronic form of the disorder, where the prostate remains tender for a considerable period, or until it is relieved by treatment, requires careful consideration, as it is a far more frequent cause of residual urine than is generally supposed. Occurring, as it often does, at a period of life when hypertrophy of the gland usually takes place, the demonstration by the catheter that the bladder does not empty itself is a circumstance which is sometimes received and acted upon as conclusive evidence that the time has arrived when what Sir Andrew Clark has aptly spoken of as "the catheter life" should commence. There is this important difference, however, between the residual urine of a sacculated bladder in connexion with a large prostate and that dependent on a gland which is sensitive and merely temporarily enlarged: the former is benefited by catheterism, the latter is aggravated by it. The former is comparatively uninfluenced by medicines, whilst the gouty prostate which interferes with the complete emptying of the bladder is speedily relieved by those measures which belong to the department of the physician rather than of the surgeon. Where the urine is rendered alkaline in the bladder by circumstances which bring about its decomposition, it is not difficult to understand how a phosphatic stone may be the result. In the view I have urged, relating to another reason for residual urine, is to be found a vesical cause for the collection and aggregation of those materials which the urine of the gouty furnish. It has been observed by Dr. Ord,[1] "Two-thirds of all urinary calculi are in bulk composed of or start from concretions of uric acid."

The symptoms of chronic gouty prostatitis are often anomalous and difficult to sum up; they may be briefly enumerated as urine habitually loaded with uric acid and urates, unnatural sensitiveness of the prostate to the touch, or even to pressure applied to the perineal region, and the presence of uncomfortable sensations referred to the neck of the bladder, as if there was a swelling, or the viscus was not emptied, the latter sensation being practically well founded. The treatment of the affection resolves itself into the employment of those general measures appropriate to the gouty diathesis, which it is not necessary for me to refer to. Iodide of potassium internally, and a mild form of counter-irritation to the perineum, will often be found very advantageous in removing prostatic tenderness. Lastly, this is a class of disorders which is often largely benefited by some spas where the diathesis is corrected by suitable diet and waters. In our own country I have found Buxton of very great service; whilst abroad there are many watering-places which such persons may visit with advantage. It is not always easy to recommend suitable drinks for these cases. I have found the Giesshübler Sauerbrunnen a very pleasant beverage; as imported into this country I can endorse Dr. Kraus'[2] recommendation of it as "a very pleasant and refreshing drink, which invigorates the nervous system, removes acidity of the stomach, gently stimulates the action of the bowels, and causes a copious flow of urine, thus combining the qualities of a good drinking water with those of a mild curative agent." It mixes well with red wine.

Liverpool.

AN UNUSUAL CASE OF CLEFT PALATE.

BY A. ERNEST MAYLARD, B.S. LOND.,

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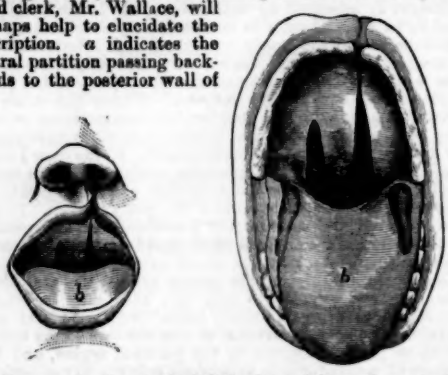
THE following case was admitted into the Western Infirmary of Glasgow, under the charge of Professor Macleod, to whom I am indebted for permission to publish it.

The child, a male, aged four months, was brought to the infirmary with what appeared at first sight a simple uncomplicated case of left harelip, but on closer examination the following unusual condition of parts was seen. Immediately behind the cleft in the lip was a division in the alveolus, and extending back directly from this with no deviation towards the middle line, a narrow fissure which widened out posteriorly into a well-marked interval. On the

[1] The Influence of Colloids upon Crystalline Form, p. 60.
[2] The mineral water at Carlsbad.

opposite side, at the same distance from the middle line, and running parallel with it, was an interval resembling precisely the posterior portion of the left cleft. The part between the two clefts was about one-fourth of an inch in width, and maintained this dimension in its course backwards, when, becoming slightly arched, it was continued into the posterior wall of the pharynx. On digital examination this central partition appeared to be bony in structure and uninterruptedly connected with the back of the pharynx, while both the clefts passed into the hard palate. Still further it was found that by the aid of a bent probe it was impossible to pass from one side to the other above the arch, the sensation being that of a bony septum completely separating the two sides of the pharynx above. The accompanying sketch, which was kindly taken for me by the ward clerk, Mr. Wallace, will perhaps help to elucidate the description. *a* indicates the central partition passing backwards to the posterior wall of



the pharynx, having on the left the long cleft continuous with the harelip, and on the right the short cleft; *b*, the tongue.

Remarks.—The foregoing case presents, I think, features of unusual interest, both from its apparent uniqueness and from the peculiar developmental process by which it must have been produced. So far as I have been able to examine into the literature of the subject, I can find no parallel case on record. Most authors, in alluding to the posterior cleft of the palate, speak of it as *always* occurring in the middle line—an assertion no doubt depending as much upon the result of their experience as upon the deduction that in the normal process of development only such a median fissure can occur. Giraldès,[1] in his work on the Surgical Diseases of Children, figures a case in which there appears to be a double posterior cleft, but there is no allusion to it in the context. That the malformation in the present case is the result of mal-development, and not of intra-uterine disease, there can, I think, be no doubt, and as such I shall venture to offer an explanation. To do so it will be necessary first to refer to the way in which the usual clefts are produced. It will be remembered that in early fœtal life, at a time when the face begins to be formed, there descends from the frontal region a process known as the fronto-nasal plate, from which is developed at its upper part the integument and columella of the nose, and at its lower the middle portion of the upper lip. At the same time, there proceeds from above and externally on either side another process, the superior maxillary, which, winding round and extending towards the middle line, unites with the fronto-nasal plate to form the entire upper lip. Thus any failure of union between these two processes, either on one or both sides, will explain the formation of a single or double harelip; and upon the extent of that union the completeness or incompleteness of the fissure into the nostril. A harelip, then, must always be on one side of the median line.[2] With regard to the cleft of the alveolus and palate, which more immediately has reference to the present case, it will be remembered that at the same time in which the above process is proceeding there is also a deeper development taking place by which the walls of the nares are being formed, and the nasal cavity cut off from the buccal. The process may be briefly stated thus. Extending forwards beneath the primitive brain structure from the mass of blastema which surrounds the termination of the notochord, and which in the fully developed skull becomes the posterior part of the body of the sphenoid, are two processes known as the trabeculæ cranii. These, after dividing so as to enclose a space which eventually becomes the pituitary fossa, unite again, and passing forward descend in the middle line immediately behind the fronto-nasal plate. From their termination is developed the intermaxillary bone or os incisivum, and from the upper coalesced portion descends a thin plate to form the matrix of the vomer, the perpendicular plate of the ethmoid and triangular cartilage of the nose—the nasal septum. Concurrently with this is the descent on each side of a plate known as the pterygo-palatine, which passing inwards and forwards towards the middle line, unite in front with the os incisivum and behind with each other, thus shutting off the nasal from the buccal cavity, and containing the matrix of the palate, pterygoid, and part of the superior maxillary bones. It will now be easily seen that any failure in this the normal process of development, while it will produce a double cleft in front (i.e., one on either side of the os incisivum), can only produce a single median cleft behind. In a case, then, of complicated harelip, in which the cleft runs completely through the alveolus, hard and soft palate, the line of fissure will commence in front on either side of the median line, course obliquely inwards after having passed through the alveolus, and then directly backwards through the centre of the palate. In the present case it will be noticed that the left cleft commences on one side of the middle line, and then without any internal deviation continues as a complete fissure through the palate. Such a fissure, without any other malformation, could undoubtedly be explained by excessive growth on one side with diminished growth on the opposite, just as not unlikely the high vaulted palate is produced by overgrowth on both sides. No such explanation, however, is tenable in the present case; and one must seek, I think, for the cause of the deformity in an abnormal deviation of the developmental process rather than in those more natural courses by which the usual malformations are produced.

I venture then to suggest the following explanation. Instead of the notochord ceasing as it usually does beneath the pituitary fossa, it has reached farther forward; and the encircling blastema instead of simply forming the matrix of the basi-occipital and basi-sphenoid has extended with it and become united with the plate descending from the coalesced trabeculæ cranii, which forms the nasal septum. Thus is produced the complete division of the upper part of the pharynx into two lateral halves. Did it not appear from the thickness of this osseous arch that it must be developed from the same blastema as gives origin to the basilar part of the occipital and posterior portion of the body of the sphenoid, homology would suggest a condition of parts like that found in amphibians and some kinds of fishes. In them there exists a distinct splint-like membrane bone, the parasphenoid, which extends from the basi-occipital to the presphenoidal regions, similarly dividing the upper part of the pharynx into two. Should the former be the true explanation, it becomes an interesting question as to how the future development of the face is likely to be affected. What influence will this thick bridge of bone passing from the basilar part of the occipital forwards to the septum nasi and superior dental arch have on those various changes in the development of the nose and superior maxilla which are brought about by the subsequent expansion of the sphenoidal sinuses. It is to be hoped for the patient's sake that the future somewhat unprepossessing underhung appearance which the foregoing arguments would suggest as a prognosis, may be compensated for or prevented by other means than those one is at present able to foresee.

Glasgow.

[1] Leçons sur les Maladies Chirurgicales des Enfants, p. 151.

[2] Rokitansky alludes to cases of median fissure, and there is a specimen in the Royal College of Surgeons showing the same. The explanation appears to be in the non-development of the os incisivum and the incomplete union in the median line of the two lateral or superior maxillary processes.

AT the meeting of the St. George's-in-the-East Board of Guardians on the 16th inst., a letter was read from the Local Government Board respecting the alleged death of an inmate from oakum-picking. The communication stated that no sufficient evidence was brought forward at the official inquiry to connect the man's death with his employment at the very slight task of work allotted to him in the oakum-shed. The Local Government Board, however, censure Dr. Deacon, the assistant medical officer, for the delay in attending to the man.

GUMMATOUS TUMOURS OF MUSCLES.

BY HUGH PERCY DUNN, F.R.C.S. ENG.

GUMMATOUS tumours of muscles are interesting besides the fact that all tertiary syphilitic manifestations possess interest for the surgeon. The halo of uncertainty which surrounds the diagnosis, the just suspicion which the swelling excites of the possibility of its origin being due to a more terrible disease, the tale which its presence unfolds of former trouble, of a bygone which, except for this symptom, would have remained an inviolable secret, and the satisfaction which arises when, confirmatory of the diagnosis, the tumour gradually subsides under the influence of anti-syphilitic treatment—these are some of the points by which attention is necessarily arrested in connexion with this subject. Now, although gummatous tumours of muscle are commonly met with, I question the correctness of describing them as particularly common. On the contrary, the truth of the matter seems to consist in ascribing to the muscular tissue the greatest immunity from tertiary syphilitic lesions. To put it thus: tertiary syphilis is common in the form of periostitis, or of caries of some bone, or of ulceration of the skin, but the frequency of the occurrence of these and other manifestations far eclipses that of the gummy muscular tumour. It is then, I apprehend, misleading to the student to speak of this affection as "particularly common." "Particularly common," however, as students have been taught that this affection is, there is no detailed account of it in the surgical text-books, and the omission in this respect is more remarkable in those works the appearance of which has been subsequent to the publication of Lancereaux's observations on the subject in question.[1] In Holmes's System of Surgery, to which all surgery-loving students turn with minds intent upon the acquisition of more extended knowledge, the subject is dismissed most cursorily; and Mr. Bryant, in his justly popular Manual of Surgery, after drawing attention to the probable syphilitic origin of chronic inflammation of the sterno-mastoid and other muscles in adults, proceeds as follows: "The muscle or muscles become infiltrated with syphilitic inflammatory products, or more rarely the seat of distinct gummy tumours," and then remarks that "these tumours, if their nature be recognised and right treatment employed, may be absorbed; but if neglected and left alone they will, after attaining their full size, which is rarely great, break up and suppurate, giving rise to deep-seated abscesses, which when they have discharged externally leave deep, irregular excavated sores." Clearly, in this narrative there is nothing to guide the student to the recognition of a disease of the consequences of which he is warned if the treatment be improperly applied. For, conceivably, it is hardly sufficient to know that chronic inflammatory affections or circumscribed tumours of muscles in adults are generally syphilitic; nor yet that solid tumours of muscles need hardly be thought of in this connexion, because of their rarity. "I have here," a surgeon might say to a colleague, "a man in whose left sterno-mastoid a circumscribed swelling has developed, which I believe to be gummatous." "Yes, I agree with you as to its probable nature," might be the reply, "because, as we know, any similar swelling in this muscle in adults of which the origin is not syphilitic is so extremely rare that it is scarcely possible to conceive a different diagnosis." Notwithstanding, however, that the knowledge of this fact alone assists materially in solving the nature of a gummatous swelling of the sterno-mastoid, something more than this is required in order to complete the diagnosis when a gumma appears in a muscle which rarely becomes the seat of such a lesion. And therefore the student seeking enlightenment from the surgical text-books might well inquire, "What are the characteristics of the swelling as concerning its rate of progress, its mobility, its consistence, the pain, if any, with which it is associated, and the degree to which its presence interrupts the active functions of the muscle in which it is situated."

Gummata are chiefly observed in certain muscles to which reference will be made below; but experience would seem to show that they may be met with anywhere. At one of the cliniques in Paris I saw a man in whom a swelling which proved to be gummatous was situated in the right sartorius. Rather more than a week ago a man came under my notice suffering from gummatous deposit in both gastrocnemii; but the law of asymmetry peculiar to tertiary affections was not broken in this instance, inasmuch as an interval of some months intervened between the appearance of the swelling in each muscle. The following succinct account I take from an excellent little work on Surgical Pathology, of which a copy is to be seen in the hands of most of the Parisian students preparing for their examinations.[2] "These [the tumours] are met with in the form of nodosities situated in the fibrous planes of the muscles; they are essentially similar to gummata found elsewhere. Yellowish or greyish in colour on section, they vary in size from a hazel-nut to a walnut, or even larger; enclosing a soft, viscid substance, they may become hard, and then subsequently may undergo a process of softening. In the latter case the softening is not—as was formerly erroneously supposed—due to suppuration, but to a fatty metamorphosis of the cellular elements (Lancereaux). The tumours are chiefly observed in the gluteus maximus, trapezius, sterno-mastoid, triceps cruris, the tibialis anticus, and gastrocnemius; they have also been met with in the tongue, diaphragm, and heart (Nélaton, Bouisson). Lancereaux believes that they are chiefly developed near the extremities of the muscles. Sometimes these gummata are painful, and cause stiffness on movement. Being of a hard resisting consistence, they may, however, subsequently undergo a process of softening; but, on the other hand, they may acquire an osseous hardness. Globular in form, they may attain the size of an orange, and the integument covering them may undergo no alteration in nutrition for some considerable time. Variations in the temperature, especially dampness, cause them to become painful, and at nights they are sometimes the seat of pain.....The functional disturbance of the muscle to which gummata give rise varies with the situation of the disease. The progress of the disease is slow; it may terminate in ulceration, from which being given to a certain quantity of thick puriform fluid."

The following case which I venture to record is interesting for two reasons. In the first place, as showing the latency of the syphilitic taint; and, in the second, for the persistency with which the growth of the disease was extended over twelve months without any disposition to ulceration being exhibited. The circumstance of its rapid cure is also a satisfactory feature in the case.

Maria M—— came to me in February last. She married at eighteen years of age, is now thirty-six, has had nine children and two miscarriages. Of the children only two are now living, one a boy, aged six, and the other a girl, aged seventeen. The latter has been blind for the last four years, and on examination I found atrophy of both discs, with traces of old optic neuritis. She suffers from marked paresis of the sphincter ani and and incessant diarrhœa, which nothing had ever controlled. In one of her pregnancies the patient remembers having had sore-throat, alopecia, and an eruption upon the trunk. After the birth of the child, a boy, who had he lived would now have been twelve years old, an eruption soon appeared upon its nates and trunk, and, in spite of treatment, it only lived ten days. After this, except for an occasional attack of bronchitis, the patient enjoyed fairly good health until twelve months ago, the period at which she first noticed the commencement of the swelling in the sterno-mastoid. In the last twelve months she has felt weak and incapable of exertion, and has occasionally fainted after any unusual effort. The immediate cause of her seeking advice was the occurrence of a smarting pain upon the left side of the neck, radiating, as she thought, from the tumour. On examination I found well-marked herpes of the sternal, clavicular, and partially of the acromial branches of the cervical plexus. The swelling in the left sterno-mastoid was about the size of a large walnut. Its growth had gradually increased since the time of its first appearance twelve months ago. It was distinctly hard, painless on movement, and situated midway between the attachment and insertion of the muscle. A faint pigmentation was noticeable in the integument over the tumour, but beyond this there was no evidence in this direction of any pathological change. Sometimes at night it was the seat of pain; but on no occasion was this the cause of much inconvenience. A belladonna fomentation was ordered for

[1] Traité Hist. et Prat. de la Syphilis, p. 211. Paris, 1873.

[2] Manuel de Pathologie et de Cliniques Chirurgicales. Par Jamain et Terrier, p. 613.

the herpes, and three grain doses of iodide of potassium and carbonate of ammonia, with three minims of solution of strychnia, three times daily, was directed to be taken for the swelling. After one week's treatment the iodide of potassium ointment was ordered locally, and in three weeks all trace of the tumour had disappeared.

Gloucester-street, W.

ON A CASE OF TUBERCULAR MENINGITIS.

BY W. MILLIGAN, L.R.C.P. ED., M.R.C.S.

THE following case presents several unusual features, and in its character, course, and termination is, I think, sufficiently interesting to warrant my recording it in the pages of THE LANCET.

J. S——, aged three years and a half, a Jew, of healthy parents, without any family history of tubercle, had been in good health until March 16th. At about four o'clock in the afternoon he began to complain of pain in his head; this gradually increased in severity, and became so violent that his mother said his screams were agonising and almost incessant. In three or four hours convulsions began: his limbs were rigid, his thumbs turned into his palms, and from the description given by the mother there must have been considerable opisthotonos. About 11 P.M. severe purging commenced, and he vomited two or three times. I saw him the following morning. He was lying in a somnolent condition, occasionally screaming violently; his attention could be roused, but he soon relapsed into the former state. Temperature 103·4°, pulse 110, respiration slightly quickened. The motions, which with the urine were passed in the bed, were watery, dark, and very offensive. The pupils were unequal, and there was convergent strabismus on the left side, but this I found had existed previously. There was no history of any fall or other injury. I could not obtain evidence of any tache cérébrale; the urine when examined two days later contained no albumen. The boy lay in this condition for two or three days, screaming occasionally, and then he became quieter, but when moved or addressed loudly gave vent to wild cries. Throughout the illness until consciousness returned there was great irritability of temper; he disliked disturbance, and food had to be pressed upon him. After the first week the temperature fell to between 99° and 100°, and there was now considerable constipation. On the 29th, at the end of the first fortnight, the breathing was rather hurried and the thermometer indicated a slight rise of temperature, and a few râles were heard in the bases. This condition passed away in a few days, but for some time there was a frequent irritating cough. During the third week I noticed that the right arm and leg were not moved so much as the other limbs, and sensibility was much less acute on that side. I may state briefly that after April 10th the temperature fell to or a little below the normal state. He was more conscious, and gradually the distaste for food disappeared, until in a few days he became ravenously hungry. The irritability continued, and after eating he would relapse into the old somnolent condition, but was roused much more readily. He now began to mend rapidly, and about two months after the beginning of the illness he was able to stand, holding on to a chair, but the right arm and leg were much weaker than the left. He was bright and intelligent. He smiled when aroused, appeared to understand what was said to him, would shake hands when asked to do so, or point to objects if they were mentioned, but he could not speak; in fact, from the commencement of the attack no sounds but screams and cries had escaped him. I instructed his parents to teach him as they would a baby, and, beginning with simple sounds and common words, with infinite patience they have so far succeeded that I learn that the little fellow, now at Margate, is talking very well.

The treatment adopted was from the first bromide of potassium, and after three days mercury with chalk, eight or ten grains daily. The head was shaved, and the ice-bag constantly applied. On April 3rd iodide of potassium was substituted for the bromide, and in another fortnight the syrup of iodide of iron was given in conjunction with it, and iodide of potassium ointment was rubbed into the scalp. The mercury was continued until May 3rd, and at the end of the month the syrup of iodide of iron was given alone.

There seems no reason to doubt that, although some of the prominent symptoms were absent, this case was one of tubercular meningitis, and in this opinion I am confirmed by my friend Mr. H. P. Dunn, who saw the case for me. A suspicion of typhoid might arise, but there were no spots, no tympanites, no gurgling or tenderness in the iliac fossa, no splenic enlargement, and the thermometric observations were decidedly not those of enteric fever. The chief argument against the diagnosis is, one must acknowledge, the fact of the child's recovery. Another interesting point raised is the cause of the loss of speech. Was this simply from loss of memory or from aphasia? Had the little patient forgotten how to talk, or was his silence the result of the same lesion which produced the right-sided paralysis? The rapidity with which he picked up his lost knowledge inclines me to the former opinion; while his intelligence in other respects and his recognition of friends &c. might be regarded in favour of the latter.

The case is an interesting one, and deserves consideration; and although and happily because the diagnosis has not been verified in the post-mortem room, it may, I think, be added to the small list of recoveries from tubercular meningitis.

South Norwood.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia procerto noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

ENLARGEMENT OF THYROID GLAND IN A MALE PRODUCING PRESSURE ON THE TRACHEA AND SERIOUS ATTACKS OF DYSPNŒA; REMOVAL OF ISTHMUS; ATROPHY OF LATERAL LOBES; CURE.

(Under the care of Mr. SYDNEY JONES.)

FOR the report of the following case we are indebted to Mr. W. H. Battle, surgical registrar:—

W. D——, aged eighteen, a labourer, was transferred from Dr. Bristowe's care to that of Mr. Sydney Jones on March 17th, 1883, and left cured May 5th, 1883. The following history was given: Seven or eight years previously he began to notice swelling of the throat, and six years ago had advice for it. During the last few months the swelling has been increasing rapidly, and his breathing has been much impeded. He was born and has always lived in London, with the exception of three months which he spent in Herefordshire. He was a fairly healthy-looking, well-developed young man, with black hair and eyes, and complained of a swelling in his throat and of considerable dyspnœa, worse on exertion. As a rule there was not much when he lay quietly in bed, but even then he was liable to severe paroxysms, and the least exertion brings them on. The swelling complained of was found to be a greatly enlarged thyroid gland, the lateral lobes being chiefly affected, and of them the right was much the larger, whilst the isthmus could be traced across the trachea, extending below its usual position as a band, about one inch in vertical measurement. Pressure over this caused a little pain. The trachea was slightly pushed over to the left of the median line. The sounds audible with a stethoscope placed over the tumour were simply the normal breath and heart sounds, the former having a whistling character. There was no exophthalmos. The circumference of the neck at the most prominent part of the tumour was seventeen inches and a half. The heart, lungs, and abdomen were normal; the urine was also normal.

As it was evident that surgical treatment only could relieve the patient, Mr. Sydney Jones operated on the 17th of March. Mr. Makins, the resident assistant surgeon, had brought before Mr. Jones's notice cases which had occurred on the Continent, where great benefit had resulted from removal of the isthmus. An anæsthetic having been given, an incision about three inches and a half in length was made in the median line, extending to below the upper margin of the sternum. The anterior jugular veins, united by transverse branches, presented. Veins in the way were

divided between double ligatures; other veins were held aside. The structures in front of the isthmus were carefully divided, and the isthmus was detached by the finger and director from the front of the trachea. Whilst the finger raised the isthmus from the trachea an aneurism needle armed with a double ligature was made to perforate, which it did easily, the junction of the isthmus with each lateral lobe. The double ligature on each side was tied as with an ovarian pedicle. The isthmus was then cut away, and the ligatures were left hanging out of the wound to serve for drainage. Further, a drainage-tube was inserted. The trachea was very much compressed and was of a triangular shape, with the apex forwards and each lateral surface was somewhat concave. The cartilages were firm and did not seem to be softened. Immediately on removal of the isthmus much relief seemed to be afforded to the patient. There was very little hæmorrhage. The operation was not carried out under the spray, but after insertion of sutures and drainage-tube the wound was dressed antiseptically. In the evening there was oozing of blood-stained serum from the wound. Temperature 96·8°.—18th: Considerable oozing of blood-stained serum all day; antiseptic dressing left off, and an iced pad of antiseptic gauze, covered with salicylic wool, and changed every half-hour, was substituted. Temperature, 2 A.M., 98·8°; 2 P.M., 102·6°; 11 P.M., 100·8°.—19th: Says that his breathing is better, although there is a peculiar hissing sound during respiration; complains of his neck being sore, also of pain when swallowing. Temperature, 3 A.M., 99·6°; 3 P.M., 101·4°; 7 P.M., 100·4°. — 20th: Breathing easier, but suffers from a troublesome cough, without expectoration; had a restless afternoon and evening; still complains of sore-throat and also of chest; free discharge from wound, which is healing well. Pulse 128. —22nd: Says that he is much better for the operation, and has had no attack of dyspnœa since the morning of the 18th; cough is better.—23rd: All stitches removed; no union of the edges of the wound; strapping applied, the strips being fixed with collodion; the ligatures which were applied to the thyroid came away.—26th: The swelling of the lateral lobes diminishing; wound filling up with granulations.—28th: No difficulty of breathing, no cough; the patient notices a diminution in the size of the thyroid.

April 14th: The wound now presents a level, healthy surface; the thyroid is scarcely perceptible; the patient has occasional night sweats, but there are no signs of phthisis on examination of the chest.

May 4th.—Recommended for a convalescent home. The thyroid cannot be felt. No difficulty in breathing or swallowing. Wound almost healed. Gaining flesh rapidly. No signs of phthisis.

The temperature appears to have been somewhat irregular after March 19th, varying from 98·4° on the morning of the 24th to 100° on the 20th and 27th, and 101·4° on April 2nd. In the evening, it varied from 99° on April 3rd to 102° on March 25th, 102·6° on the 27th, and 103·6° on April 4th. After April 9th it was normal. For several days after the operation there was a fall of one or two degrees in the middle of the day, followed by a rise in the evening.

Mr. Sydney Jones referred to the foregoing case at a meeting of the Clinical Society. He advocated removal of the isthmus of the thyroid, rather than the serious operation of removal of the whole gland when enlarged; and he specially dwelt on the atrophy of the lateral lobes which took place in this case, a similar result having occurred in other cases operated on in like manner.

WOLVERHAMPTON AND STAFFORDSIRE HOSPITAL.

A CASE OF ANGINA PECTORIS TREATED WITH NITRITE OF SODIUM; REMARKS.

FOR the following notes we are indebted to Mr. W. Collier, M.A., M.B.Cantab., house physician.

George H——, aged forty-eight, became an out-patient on Aug. 29th last, when the following notes were taken. The patient is a foreman at a sheet-iron rolling foundry. His illness commenced about eighteen months ago with an acute attack of bronchitis; on recovering from which he was troubled with attacks of shortness of breath and pain over the cardiac region on exertion. After a few months he got much better, and continued so until the early part of Jan. 1883, when he first began to suffer from attacks of severe pain in the region of the lower third of the sternum, attended by profuse cold sweats and extreme dyspnœa. These attacks were brought on by sudden exposure to the cold air or any unusual exertion, and generally lasted from ten to fifteen minutes; and they have gradually increased in duration and severity, so that at times lately he has been obliged to stand, when seized with the pain, from twenty to twenty-five minutes without moving. During the last two months his legs and ankles have swollen. Until the present illness he had enjoyed very good health. From nine years old until twenty-eight he worked as a shingler, a very laborious occupation. His condition was as follows:—Sallow complexion; lips somewhat cyanosed; pulse small and collapsing; dyspnœa marked; slight œdema of legs and feet; carotid and episternal pulsation visible though not marked; heart's apex beat in seventh interspace one inch to the left of the left nipple; area of dulness extends laterally from the midsternal line to an inch and a half beyond the left nipple line; double murmur at base, and soft systolic at apex. During the months of September and early part of October, the patient's general condition was greatly improved by the use of digitalis, iron, and sulphuric ether, but the anginal attacks were not in the slightest degree relieved.

On Oct. 15th the patient was ordered three-grain doses of nitrite of sodium, a dose to be taken about ten minutes before doing anything likely to bring on an attack. On the 18th the following note was made:—Since the 15th has taken four or five doses daily; the attacks occur as usual, but are very much shorter and less severe. Now walks home from the iron foundry in about twenty minutes, formerly it used to take him about three-quarters of an hour, at times considerably over the hour. Dose of nitrite of sodium increased to five grains.—21st: Caught cold on 18th and is not so well; œdema of legs and dyspnœa much increased; has had no digitalis for the last day or two. Anginal attacks still always markedly relieved by the nitrite.

Nov. 7th: Has been confined to bed for the last few days with an acute attack of bronchitis. Is still taking five-grain doses of the nitrite two or three times daily, and finds great relief from its use.

Remarks by Mr. COLLIER.—It will be noticed that during the first six weeks of the patient's attendance at the hospital his general symptoms of dyspnœa and œdema were greatly relieved by the digitalis, but the anginal attacks were in no way mitigated until after his first dose of nitrite of sodium. Unfortunately the patient would not consent to become an in-patient, and as, after taking the drug for two weeks, he could not attend as an out-patient, owing to an acute attack of bronchitis, it was not deemed advisable to increase the dose beyond five grains, otherwise we have every reason to believe that the attacks would have still further yielded to the nitrite of sodium, more especially as the specimen used most probably was adulterated with the nitrate, the writer having himself taking an eight-grain dose without experiencing any disagreeable effects, beyond a feeling for a few hours of fulness and flushing about the head and eyes. Dr. Hay, in the *Medical Practitioner* for 1883, relates a case of angina, very similar to the present, in which nitrite of amyl and nitrite of sodium were in turn tried, the opinion formed being that the influence of nitrite of sodium and its power of mitigating an attack extended over a much longer period than was the case when nitrite of amyl was used, though it was observed that the effects of the nitrite of sodium were much longer in developing; hence the necessity of taking it some time from ten minutes to half an hour before an expected attack. In this paper Dr. Hay claims that in therapeutic doses, nitrite of sodium, while producing all the beneficial effects of nitrite of amyl, does not produce the disagreeable general effects of nitrite of amyl—headache, giddiness, &c. There is one other great advantage, its cheapness, as Professor Balfour has shown that only a freshly prepared specimen of nitrite of amyl, or one that has been kept in an hermetically sealed capsule, is trustworthy as an old specimen, though it may produce all the usual symptoms of the drug—flushing of the face—will often not relieve the angina, which will at once give way to a newly prepared specimen. Now an ordinary dose of nitrite of sodium would cost considerably less than one halfpenny, while the nitrite of amyl capsules cost between 3*d.* and 4*d.*, the latter being quite beyond the reach of out-patients, who in many cases would require from six to ten per diem.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

True Bone in Primary New Growths.—Charcot's Joint Disease.—Pedunculated Adeno-sarcoma of Skin.—Necrosis of Upper Jaw after Typhoid Fever.—"Tuberculosis" in Birds.

THE ordinary meeting of this Society was held on Tuesday, Nov. 20th, Mr. J. Whitaker Hulke, F.R.S., President, in the chair. The most important paper of the evening, that on "tuberculosis" in birds, came off so late in the proceedings that no time was left for its discussion on this occasion.

Mr. ARTHUR DURHAM showed a Chondro-sarcomatous Tumour removed from the cicatrix of a man, aged seventy-three, who was in good general health. At the age of twelve years he had had some fireworks in his pocket, which exploded and burnt him about the lower part of the abdomen. He recovered after nine months. The cicatrix remained good till four months before Mr. Durham saw him. When in the hospital portions of apparent bone were discharged from a sore surface which had appeared in the middle of the cicatrix. A short distance above Poupart's ligament there was a sore looking like an epithelioma, in the middle of the cicatrix. An operation for the free removal of the new growth was undertaken, when it was found to extend very widely and deeply. The new growth removed was of variable consistence, in some places being quite hard, in others quite soft. The hard parts seemed to be like bone, and microscopical examination confirmed this view. The tumour was essentially a sarcoma, and this was an unusual fact. At such an age a carcinomatous growth was the most likely. Fibroid tissue, cartilaginous cells, and myeloid cells were to be seen in different parts of the tumour. The case showed the various stages of development, from round cells up to or nearly up to the formation of a perfect bony tissue. The second tumour was removed from the breast of a female, aged twenty-seven. For two years pain had been felt in the left breast. Examination led to the idea that an adenoma was present. The growth was removed, and found to be distinctly lobulated and enclosed in a sac or cyst wall. The capsular wall was also removed. On section the tumour was of a pinkish-grey aspect, of softish consistence, except in the middle, where there was a plate of what turned out to be genuine osseous tissue, showing canaliculi and lacunæ. Cartilage cells and round cells were found distributed, especially in the periphery. Intracystic growths also existed in the midst of the adenoid tissue.—Mr. HULKE said the cases were of great interest. He believed that quite small osteomata were not infrequent in connexion with the connective-tissue of the skin. And similar tumours developed in the muciparous buccal glands; these structures became enlarged and reached the size of a pea; they often contained fibrous, cartilaginous, and even distinct osseous tissues. All these tissues belong to the great group of connective substances to which sarcomata belonged. He asked whether the ulceration preceded the development of the new growth, because it was unlikely that such a cicatrix would spontaneously take on fresh powers of growth.—Mr. BUTLIN had thought that calcified tissue entered into the composition of the enlarged buccal glands. With regard to the notion that carcinoma was more frequently associated with cartilaginous new formation than sarcoma, all he could say was that he had not been able to find a single case which would substantiate that view. The only instance he knew of, occurring in recent times, was a case of carcinoma of the breast shown at the Société de Chirurgie. Mention was made of a tumour occurring in Scarpa's triangle in a young man which had been operated on three times; at the third removal sections of the growth showed undoubted osseous tissue; he termed such cases ossifying sarcomata.—Mr. ALBAN DORAN spoke of the frequency of the development of small portions of bone and cartilage in the subcutaneous tissue of the skin found in dermoid ovarian cysts. This was not necessarily due to that formative power, as it might be termed, which caused the development of skin in these cysts. The primary cause might exist within the subcutaneous connective tissue itself. Sarcomatous masses are often found in that tissue, and within them spherical or polygonal pieces of solid bone are not rare; they differ from the flat plates of bone found under the skin in dermoid cysts where no such sarcomatous masses are developed.—Dr. GOODHART mentioned a case of enlarged muciparous buccal gland measuring two-thirds of an inch in diameter, and situated in the middle part of the lower lip. He had found both bone and cartilage in this tumour.—Mr. EVE referred to a case described by Malherbe in the Transactions of the International Medical Congress. He had examined Mr. Durham's sections, but could not find true osseous trabeculæ in them.—Dr. COUPLAND believed that it was common for osteomata to grow in the subcutaneous tissues of the body. Some writers considered that to be an osteoma it should not be in actual connexion with bone; thus the distinction was drawn between exostosis and osteoma.—Mr. HENRY MORRIS said that he had seen a fatty tumour, nearly the whole of which had undergone ossification, so far as could be seen with the naked eye. He narrated the case of a man under his care in Middlesex Hospital who had suffered most severely from epileptiform neuralgia in one side of the face. The history showed that the infra-orbital nerve had been divided twice. Mr. Morris performed section of the second part of the fifth nerve as recommended by Langenbeck, but without any benefit to the patient. On examining the mouth later he found hard small masses beneath the mucous membrane, which on pressure excited the most severe tic. He cut out some of the mucous membrane, and with it three or four of the tumours; the sections of these nodules showed unquestionable bone tissue. Great relief was given by the removal of these nodules.—Mr. DURHAM, in reply, said that the patient had noticed a lump growing in the cicatrix before the ulceration commenced. He thought these cases of great pathological interest, and referred to the case of chondro-sarcoma brought before the Society by Mr. Bowlby last session.

Dr. HALE WHITE showed a Pelvis taken from a subject which was brought into the Guy's dissecting-room last winter, and which he thought was an example of Charcot's disease. The bones were extremely thin and light, the spaces in the cancellous tissue being unusually large. This change made the bones so light that the whole pelvis weighed only seven ounces. The acetabula were much altered, the walls being as thin as paper in many parts. Owing to this tenuity of the bone the heads of the femur had pressed the bottom of the acetabula into the pelvis, thus forming two very prominent bones in its interior, and making the transverse diameter of the brim three inches and a quarter. All articular cartilage had disappeared. This deepening of the cavity made its margins very prominent, so that the anterior superior spine quite overhung the acetabulum on the right side; at the back part the deepening was so extreme that the thick portion of the bone between the acetabula and posterior surface of the ischium was almost worn through. On both sides, especially the right, it was seen that the deepened cavity was divided into two parts by a vertical ridge placed opposite the most superior part of the ischial tuberosity; the anterior of these two parts was for the lesser trochanter to play in, as the absorption of the neck of the femur was so great that the lesser trochanter was brought up to the margin of the obturator foramen. The chief points about the specimen were the great atrophy of bone without the formation of any new bone, thus corresponding exactly to Professor Charcot's description of "considerable atrophy without the production of 'stalactites.'"—Mr. HULKE said he thought the specimen was one illustrating rarefying osteitis with changes due to pressure. He had felt considerable scepticism as to the distinctness of Charcot's disease. It differed from ordinary cases of arthritis deformans in that the edges of the articular surface were not bossy or knobbed.—Mr. HUTCHINSON asked whether other joints were diseased, and whether any other facts of history could be obtained.—Dr. HALE WHITE said no other joints were known to have been affected, and further light on the history was not to be had.

Mr. EVE exhibited a specimen of Adeno-sarcoma of the Skin removed from a woman aged forty-six. The tumour had grown from the left groin, was firm in substance, and pedunculated. The integuments were slightly adherent over it. It measured five inches long and three inches and a half wide. Its texture was broken up into irregular nodules by tracts of softer tissue. The woman had had a kick in the groin eight years previously. On section, the growth had a uniform, fleshy, and indistinctly fibrous texture. He regarded it as a specimen of fibro-sarcoma, in which epithelial columns of nuclear cells of landular type were arranged.

There were flat and fusiform nuclei on the bundles of the fibres which surrounded the epithelial columns. The alveolar appearance as seen in transverse section was well marked. The epithelium resembled that of the skin. He thought that the gland-forming elements of the skin were concerned in the new growth. Such a tumour would tend to recur locally. It might be termed adeno-fibro-sarcoma.

Dr. ANGEL MONEY showed a Sequestrum, the result of Necrosis of the Left Side of the Upper Jaw after Typhoid Fever, in a boy aged nine years. The necrosis began on the thirty-first day of the pyrexia, which was probably kept up by the occurrence of the local disease. The sequestrum was removed nine weeks after the beginning of the necrosis. The unusual site of the necrosis and the large size of the sequestrum were remarked upon. The different views of the pathology of such a case were enumerated, and the conclusion that it arranged itself best under the heading of osteal inflammation was arrived at. The boy made a good recovery; the parts contracted and fell together, so that the food did not regurgitate, and speech was not altered.—Mr. R. W. PARKER thought that Dr. Money's specimen resembled an ordinary case of cancrum oris in which recovery had ensued. He had seen the alveolar process necrosed in cases of the kind occurring as a sequela of measles and scarlet fever.—Dr. MAHOMED considered that the case was not to be included amongst ordinary ones of cancrum oris. He had seen two cases after scarlet fever, but not one after typhoid fever. Such a condition after typhoid was very rare, and presented no resemblance clinically to cancrum oris; there was not the same creeping process as in the latter disease.—Mr. HULKE said the case was not like one of cancrum oris.—Dr. MONEY, in reply, thought that, however much alike pathologically, the two diseases were distinct enough clinically.

Mr. SUTTON read, in conjunction with Dr. HENEAGE GIBBES, a first paper on the so-called "Tuberculosis" in Birds. He said his attention was first attracted to this disease in the spring of 1879 by a farmer in the north of Middlesex, who had sent him two dead fowls, stating that disease had broken out among his poultry, and that his stock of birds stood a fair chance of annihilation. By thoroughly destroying the bodies of the dead birds and killing the sickly ones, the disease seemed to be arrested for a time. In 1881 the disease again made its appearance, and nearly all the offspring of the stock of 1879 died. Ducks and geese were not affected in either epidemic. In the latter part of that year Mr. Sutton commenced work at the Zoological Gardens, where, in the course of his dissections, he found the disease very prevalent. After spending more than two years in investigating this matter, examining from all sources more than 1000 birds of various species, he proposed to put the results of his observations before the Society under three headings: (1) The anatomy of the disease; (2) its zoological distribution; (3) the histology of the affected organs. 1. The disease first manifested itself in the alimentary canal in the form of yellowish-white nodules, varying in size from a small pin's head to a mass as large as a chestnut. They projected most into the interior of the bowel, thus causing death by obstruction, or projected on the serous surface, setting up peritonitis. The liver next became the seat of caseous nodules, equally disseminated throughout its substance, at first very minute, but soon attaining a considerable size. The spleen rarely escaped, frequently being so full of these nodules that the capsule ruptured. The lymphatic glands in the neck were affected in severe cases. The mesentery often contained nodules, due to the collection of the morbid material in the ducts leading to the receptaculum chyli. The kidneys, heart, &c., were rarely the seat of gross lesions. Once a deposit had been met with in the lungs. Death was nearly always caused by the mechanical effects of the nodules in the intestines producing obstruction or setting up peritonitis. 2. The birds almost exclusively affected by this disease were those which live on seed, grain, and fruit (by grain is meant barley, maize, oats, &c.). Twice it had occurred in flesh eaters, but no case had been met with in those subsisting on fish. The struthiones, particularly the rhea (South American ostrich) were very liable to this affection. The birds most liable were common fowl, peacock, grouse, guinea-fowl, tragopan, pigeon, and partridge. Possibly the two flesh-eating birds contracted the disease by eating birds affected with the disease. 3. In July, 1883, Mr. Sutton took counsel with Dr. Gibbes, who submitted specimens of the organs of rhea, peacock, tragopan and golden pheasant affected with tuberculosis, to microscopical examination, with the following result:—Sections of the liver, when stained with logwood, showed circumscribed areas surrounded by fibrous tissue, in which were numbers of cells which appeared to be disintegrated. Among them were numbers of small cells which stained deeply. Outside these areas the liver appeared to be normal. On staining sections especially for bacilli the whole of the circumscribed areas before mentioned were found to be made up of cells filled with bacilli. These bacilli were in cells varying in size, and also arranged in tubular masses in what appeared to be vessels. They had the same reaction to staining agents as the bacilli found in tuberculosis; with a high power (×4000) they were undistinguishable from them; they also contained rounded bodies resembling spores. Bacilli were also found in the lung and lymphatic glands of the peacock, in the lymphatic glands and liver of the tragopan, and in the lung, intestine, liver, and spleen of the golden pheasant. With regard to transference of disease from man to animals, it may be said that on the farm originally watched some pigs had died of "tubercular" peritonitis. These pigs were fed on the refuse from the kitchen, including the offal from the poultry. It appeared that in the Grand Duchy of Baden the veterinary surgeons report on the frequency of tuberculosis in pigs fed on the residue of the distillery and kitchen waste, the infection starting from the alimentary canal, and affecting the liver, spleen, and occasionally the kidney (see *Veterinary Journal*, Oct. 1883). At the Zoological Gardens two carnivorous animals, an eyra from Brazil and a paradoxure from India, died with their livers in the same condition as tuberculous birds. These creatures were fed on small birds and the offal of poultry. Their livers were examined by Dr. Gibbes, who found the nodules contained bacilli, giving the same reaction to staining agents as those found in the nodules of birds' viscera. The authors desire it to be understood that the present is only a preliminary paper.

Mr. J. R. LUNN showed as a card specimen Fracture of the Lumbar Spine, in which the first lumbar vertebra was driven forwards, and the second backwards; the cauda equina was crushed at this point; none of the spinous processes were broken. The bladder contained three small calculi. The patient died seven months after the injury. Mr. F. S. EVE exhibited a specimen of Sarcoma of Lower Jaw of Horse. And Dr. CARRINGTON brought forward specimens of Ulcerative Endocarditis, with embolism of both middle cerebral arteries, cerebral softening, and infarcts of liver and spleen.

MEDICAL SOCIETY OF LONDON.

Postures Indicative of Mental States.—Nervous Derangements of the Heart.

THE ordinary meeting of this Society was held on Monday, Nov. 19th, Sir Joseph Fayrer, President, in the chair.

Dr. FRANCIS WARNER read a paper on Postures Indicative of the Condition of the Mind, as illustrated in works of art, of which the following is an abstract. A posture may be defined as the relative position of the members. Postures, being the results of the last movements, are indications of the mere mechanism which produces such movements. Positions of the parts of the body resulting from the action of opposing muscles, as seen in the limbs and face, may be called postures of these parts. The results of movement produced by the brain in various mental conditions may be thus studied; the positions being looked upon as the motor action accompanying that kind of brain action which is called mentation. In making clinical observations, children in various nervous conditions were the principal subjects; subsequently similar postures were seen in statues and other art works. The "nervous hand" of a neurotic child presents the wrist drooped, the metacarpo-phalangeal joints hyper-extended, the fingers slightly bent, the thumb drawn backwards—such a posture is seen in either hand of the Venus de Medicis. In the Diana of the British Museum is the representation of a strong woman, and the free hand is in an exactly antithetical posture to that of the Venus: wrist extended, fingers and thumb flexed. This posture is often seen in energetic conditions of the mind—i.e., it is a common motor outcome of that brain condition whose mental state is called "energy." It is not thought that such facts are accounted for by assuming

that they are due to heredity; inquiry and experiment are necessary to explain the causation of spontaneous postures. The Cain of the Petti Gallery, Florence, was cited as giving the posture of a hand in fright. Here, as in the Venus, both hands are in a similar posture, indicating a similar condition of both cerebral hemispheres. Symmetry of postures is often observed in clinical experience; on the other hand, it is very common to observe the "nervous hand" on the left side only. In the Dying Gladiator an example is seen of postures due to organic conditions; the urgent dyspnœa here determined the postures, not the action of the brain. In the statue of Hercules at rest gravity determines the posture of the arms. From an examination of many works of art the conclusion may be drawn that frequently artists do not consider it necessary to represent the mind of their subjects by an exhibition of nerve-muscle action, but trust chiefly to physiognomy in the representation of the outline, form, colour, and texture of the face and body.—Dr. MILNER FOTHERGILL said that he had been in the habit of observing hands for many years, and was convinced of one positive fact. This was that the thumb in energetic females was large and capable, whilst the opposite obtained in females who might "be pleasant, but had no mind of their own."—Dr. MONEY referred to a generalisation made in 1880 by Dr. Ferrier—viz., that the flexor and adductor groups of muscles were more powerful than the extensors and abductors. The latter groups were more prone to disease. It was conceivable that in "energetic" constitutions the weaker muscles, speaking physiologically, might be more powerfully energised, whilst the reverse would obtain in those states indicative of or associated with "devitalisation."—Dr. FRANCIS WARNER replied that Dr. Fothergill's remarks, though true, had to deal rather with physiognomy than with the question which was under discussion. He agreed with the remarks made by Dr. Money; but he had seen the energetic hand in cases of organic disease of the brain. The tendency of weak muscles to overact in states of abnormality he could also testify to.

Dr. MILNER FOTHERGILL read a paper on some Nervous Derangements of the Heart. He said that the organic diseases of the heart usually force themselves upon the notice of the patient by some indirect symptom—as shortness of breath on exertion, rather than directly. With the neurosal affections, on the contrary, the attention is drawn to the heart directly and immediately. This constitutes a broad main line of demarcation betwixt disease and disorder of the heart. The first form of disorder was intermittency, a halt in the rhythmic stroke of the heart. As such it is a mere "neurosal halt," though it is not uncommonly found in elderly men who may at the same time be the subjects of degenerative changes. In these cases, when the halt is increased by an effort, it has a suggestive value; even then the halt is usually less felt by the patient than is the true neurosal halt without any disease. Sometimes the halt is found in the radial pulse, when the heart's stroke can be heard; this tells of an arterial blood-wave too feeble to reach the radial artery. Then palpitation not linked with effort, but coming on at other times when quiet is being observed, or even waking the patient up from sleep, is neurosal in character, though having varied causal relationships. Not rarely it is due to some disturbance in the reproductive organs, especially in women. Pain in the side often coexists with attacks of palpitation, and then the sufferer is sure her heart is "affected." Such "reflex palpitation" is commonly met with. Then there is the "tumultuous" or "badly behaved" heart, whose action is never calm, often a simple nuisance to its owner. There is, too, disturbed action of the heart from indigestion. Then the heart's beat may be slowed by the action of the "inhibitory" fibres of the vagus nerves, or hastened by some action of the "accelerator" fibres. In the latter case the heart may run off suddenly at the rate of 200 per minute for some hours, ceasing as rapidly as it began. The opposite condition is also present at intervals in some cases, though more persistent in others. Great disturbances of the heart's action, which is often markedly enfeebled, are found with latent gout, usually relieved by an attack of regular gout. Then there is the "irritable heart," where, though the condition is truly neurosal, there is distinct inability to maintain effort. This is the result of much hard work and mental strain combined, and is commonly seen in medical men. There are also the "smoker's" heart and "tea-drinker's" heart, well recognised disorders; truly "toxic" derangements of the heart. Angina pectoris (vaso-motoria) may occur with a heart still structurally sound, or in one where fatty decay is established. In the first it is of comparatively little importance; in the latter it is fraught with danger to life. The treatment of neurosal complaints is as different as their nature.—Sir JOSEPH FAYRER thanked the author of the paper for the lucid exposition he had given of the various neurosal diseases of the heart. He could confirm much that had been said, and especially the fact that such states were often relieved by treatment which would have done harm to sufferers from organic cardiac mischief.—Dr. SANSOM testified to the great prevalence of these maladies. He thought there was some other factor than mere dyspepsia in certain cases of cardiac intermittency. Cases illustrating his remarks were quoted showing how even single errors of diet in things not usually considered indigestible might produce the disturbance, which was as readily relieved as originated. An instance of fright leading to apparently acute dilatation of the heart was narrated as affording grounds for the belief that organic disease might be consequent on a primary neurosal affection.—Dr. WYNN WILLIAMS asked whether uric acid circulating in the blood could produce intermittent action of the heart.—Dr. ISAMBARD OWEN thought that those cases where the pulse failed at times to reach the wrist were of very grave significance. He had seen instances of very frequent pulse unassociated with other signs and lasting for months.—Dr. BRAXTON HICKS gave some facts observed in his own person. Rapidity of pulse and even intermission seemed to be distinctly related to overwork or some mistake in diet of the nature of an idiosyncrasy.—Dr. FOTHERGILL replied in the affirmative to Dr. Williams, and agreed with the remarks of Dr. Owen. If Dr. Sansom had seen mural disease of the heart arise from neurosal affection, he (Dr. Fothergill) had witnessed the production of valvular changes; and so there seemed but little doubt that these slight affections might lead to more grave disease. A larger number of observations in every direction was what was wanted.

OBSTETRICAL SOCIETY OF LONDON.

A MEETING of the above Society was held on Wednesday, November 7th, 1883, Dr. Gervis, President, in the chair.

Fibroids removed by Abdominal Section.—Dr. MEADOWS exhibited two specimens of subperitoneal fibroids, one weighing half a pound, the other five pounds, successfully removed by abdominal section.

Ventral Pregnancy treated by Abdominal Section.—Dr. MEADOWS also exhibited a fœtus successfully removed by abdominal section from a suppurating extra-uterine cyst. The pregnancy had occurred about fifteen months previously. The cyst was stitched to the abdominal wall and its cavity washed out.

Deformed Pelvis.—Mr. W. S. A. GRIFFITH showed an oblique rachitic pelvis, occurring without spinal curvature, and due he believed to unequal length of the legs.—The PRESIDENT called attention to the fact that the half of the sacrum corresponding to the shorter leg was smaller than the other, although no synostosis of the sacro-iliac joint existed.—Dr. ROBERT BARNES had figured in an early volume of the Transactions a similar case.

Cæsarean Section.—Dr. GODSON presented for Dr. R. P. HARRIS a table of cases in which Cæsarean section had been performed twice on the same patient, and exhibited photographs of a patient and her children.

Dysmenorrhœal Membrane.—Dr. WYNN WILLIAMS exhibited a fibrinous cast of the uterus (dysmenorrhœal membrane) passed without pain by the patient.

Three Cases of Pyo-salpinx.—This paper, by Mr. LAWSON TAIT, was then read. The author related three cases of acute peritonitis due to pyo-salpinx, cured by abdominal section, removal of the diseased appendages, cleansing and draining of the peritoneum. The first case was one of chronic pyo-salpinx made acute by a stem pessary. The tube burst and acute peritonitis followed. Abdominal section was promptly performed and the patient saved. Mr. Tait quoted the remarks of the gentleman who sent the case to him as to the effect of the mechanical treatment in causing the disease, the difficulty in discriminating the cases suitable for treatment by stem pessaries, and the dangers of these instruments. The second case had already been published, and was brought forward for the purpose of recording the subsequent history, which was that all

the symptoms had vanished and the patient was now perfectly well. The third case was one of purulent peritonitis arising from rupture of a suppurating Fallopian tube. The pyo-salpinx was due to gonorrhœal infection. The left tube only was removed. The patient recovered completely. Mr. Tait had now operated on sixty-five cases of occlusion and distension of the Fallopian tube without a death. In only one had there been failure to completely relieve the patient's sufferings. Six cases had been lost sight of, and two had died since operation from causes independent of it. The author remarked that cases such as these could not be relieved by anything short of removal of the diseased organs; and that they existed in large numbers, forming a great proportion of the cases which wander about from one practitioner to another seeking relief. He also complained of some unjust and ungenerous criticisms which were frequently repeated to him, and he asked those who expressed such views to come and see his work.—Dr. WYNN WILLIAMS protested against the use of a stem pessary in such a case as the one related. If harm followed the use of a stem in such a case, the blame should be laid on the practitioner, not on the instrument. He presumed the pyo-salpinx was not attributed to the stem, as it must have been there previous to the insertion of the instrument.—Mr. DORAN believed that suppuration of the Fallopian tube was sometimes caused by the introduction of a dirty sound into the uterine cavity, conveying septic matter therein, and setting up a low form of inflammation.—Dr. ROBERT BARNES said that Mr. Lawson Tait had opened out a new field in abdominal surgery. It was to be expected that there would be opposition to his views. Everyone must have seen cases like those described by Mr. Tait; and his statistics proved that they were amenable to surgical treatment.—Dr. W. A. DUNCAN asked Mr. Tait whether in many of his cases the tubes were fixed by adhesions, and if so, whether the operation was made much more difficult? He had recently seen two cases of pyo-salpinx; in one the left tube ruptured into the vagina; in the other, a very characteristic left pyo-salpinx entirely disappeared.—The PRESIDENT thought Mr. Tait took somewhat too gloomy a view of the prognosis of tubal distension. Some cases, possibly of hydro-salpinx, certainly got better without operation. He thought that whatever induced endometritis might lead to tubal inflammation. He asked for further information as to the diagnosis of these cases. He believed that this operation, though the latest, was not the least important of recent advances in abdominal surgery.—Dr. HORROCKS asked how it was that these cases were not more often seen on the post-mortem tables of large hospitals? If they were as common as Mr. Tait thought, was it not probable that most of them got well without operative interference?—Dr. FANCOURT BARNES congratulated Mr. Tait. He now recognised, by the light thrown by Mr. Tait, several cases of pyo-salpinx. He believed he had such a case now under his care.—Dr. GRAILY HEWITT thought the affection described by Mr. Tait was not a common one. Another cause not mentioned was occlusion of the canal of the cervix uteri. He mentioned a case in illustration.—Mr. KNOWSLEY THORNTON asked for the respective numbers of the cases of hydro-salpinx and pyo-salpinx. He could not admit that hydro-salpinx was a grave condition; he had met with it often in performing ovariotomy, and believed that its bursting caused little or no disturbance, and was a common mode of its natural cure. Pyo-salpinx was more serious, but he believed it was often cured by discharging into the uterus. The distinction between these two conditions was, therefore, of much importance, and he asked for information as to the diagnosis between them. He had twice operated for pyo-salpinx, and in neither case were there more than slight adhesions.—Dr. MATTHEWS OWENS had seen some fifteen of these oporations, and could vouch for the great good done by them. He believed that many cases of so-called hysteria would now prove to be due to disease of the Fallopian tube. He mentioned a case in illustration. Such cases were not recorded in post-mortem records because they were put down as peritonitis. The difficulty of diagnosis of these cases was a drawback. But the risk of an explanatory incision was *nil*, and the result, if pyo-salpinx were found, brilliant.—Dr. GALABIN inquired as to the tube, and the fluid used for drainage and washing out the abdomen.—Dr. MURRAY remarked on the importance of diagnosis, and congratulated Mr. Tait. He thought the Lock Hospital might afford opportunity for verifying the supposed influence of gonorrhœa.—Dr. HEYWOOD SMITH asked whether in cases of hydro-salpinx aspiration should not be preferred to the major operation.—Mr. LAWSON TAIT said the words condemning the stem pessary were not his own. He had known gonorrhœa given by a dirty speculum, and thought it might be given by a dirty sound. If he were called to a case of puerperal peritonitis sufficiently early to promise a good result, he would open the abdomen and wash out and drain the cavity; but as yet he had not had a chance of doing this. He had no doubt that many cases of hydro-salpinx and some of pyo-salpinx were cured by natural processes. In diagnosis he depended largely on the history, which started from an inflammatory attack. There was more or less constant pain, aggravated by movement and by intercourse, and menorrhagia; and there were physical signs of pelvic changes. Errors in diagnosis occurred in his practice about once in ten times, and were always instructive. He mentioned cases in which he had taken for pyo-salpinx a small dermoid cyst. In these the initial point in the history was the only thing wanting. Cases of pyo-salpinx were not seen in hospital port-mortem rooms, because they commonly died from peritonitis too quickly to come into hospital. They were, however, exceptionally seen in hospitals. Hydro-salpinx and pyo-salpinx occurred in his practice, he thought, in the proportion of about three to two. Hydro-salpinx was not dangerous to life, but often caused intense suffering, and therefore he did not hesitate to remove it. He did not think its rupture ever likely to prove fatal. The differential diagnosis between the two could not be made. He used a glass drainage-tube, and washed out the abdomen with plain water.

A Case of Idiopathic Gangrene of the Uterus.—This paper, by Mr. LAWSON TAIT, was then read. The patient, aged thirty-four, was admitted into the hospital on account of vague pelvic pain and offensive watery discharge. The uterus felt soft and flabby, the abdomen was swollen, and there were feverish symptoms. The patient died forty days afterwards, and, on post-mortem, the uterus was found a black, sloughing, stinking mass, having only about a square inch of normal tissue. No reason could be discovered for the gangrene. No operative treatment was permitted, or else it would probably have been quite easy to remove the dead uterus by abdominal section.

An Undescribed Disease of the Fallopian Tubes.—This paper, by Mr. LAWSON TAIT, was next read. The patient, aged thirty-six, suffered from constant pelvic pain, aggravated during menstruation and after marital intercourse, and was much emaciated and haggard. She had had much fruitless medical treatment. There were no physical signs of pelvic disease, except great tenderness. Mr. Tait made an exploratory incision, and found the fimbriæ of the tubes adherent by curious little nodules, like millet-seeds. He therefore removed the uterine appendages, with the result of completely restoring the patient to health. The nodules had been examined by Mr. F. S. Eve, who reported that he could offer no opinion as to their origin or nature, but that they were neither cartilage nor bone.

ACADEMY OF MEDICINE IN IRELAND.

Photographing Microscopic Objects. — Incomplete Fractures of the Clavicle and Scapula. — Ichthyosis of the Tongue, with Malignant Degeneration.

THE opening meeting of the Pathological Section for the session 1883-4 was held, on the 2nd inst., at the Royal College of Surgeons. Dr. Corley, President of the Section, took the chair. Having acknowledged the honours conferred on him by his election as president in succession to Prof. Purser, he directed attention to some of the recent advances in pathological science, dwelling particularly on the phenomena of diapedesis of the blood-corpuscles and on the facts disclosed by the investigations of Pasteur and of Koch.

Dr. DICKENSON made a communication on the art of Photographing Microscopic Objects, exhibiting a number of specimens produced by himself and the apparatus used for the purpose. His apparatus consists of three parts—the first, an inexpensive magic lantern, illuminated by a triplex petroleum lamp with the ordinary combination of lenses, and an extra tube with a small bull's-eye condenser; the second, a microcope, placed horizontally without the eye-piece; and the third, a frame to hold the glass screen for focusing the image, and to receive the sensitised plate when photographing. The period of exposure was from eighteen

seconds to two hours.—Dr. HAYES congratulated Dr. Dickenson on the great simplicity of the apparatus and on the results which it produced. He had no doubt that if the electric light could be applied to it there would be nothing to compare with it. Its use with a light intense and strongly actinic would be a great advantage; for the illumination could be cut down by diaphragms, and the sharpness and depth of the image increased. With the electric light he had got pictures up to 300 diameters taken in four seconds, and with the oxyhydrogen lamp pictures could be obtained in from ten to twenty seconds.—Dr. BENNETT remarked that, having taken a special interest in the structure of urinary calculi, he had selected a number of specimens with a view in part of verifying Carter's observations on the subject. He had got a number of microscopic sections of these, but heretofore he had found it utterly hopeless by the usual means to represent them. Two of the specimens he placed in the hands of Dr. Dickenson, who had produced from them, almost without difficulty, representations most accurate in detail.

Dr. E. H. BENNETT presented and explained a specimen of a Fractured Clavicle, which had been sent to him by Sir William Miller of Londonderry. The patient was a lad of nineteen, who was killed by a quantity of masonry from a wall falling on him. He sustained fractures of the top and base of the coracoid process, and also fractures of the scapula and clavicle, and died partly from the shock and other injuries which he had sustained, and largely from bleeding from the subclavian or innominate vein, either of which had been ruptured. The clavicle presented at its sternal end a complete dentate fracture, and at its middle an incomplete fracture, involving about half its thickness. The surfaces had been displaced by the bending of the bone without fracture of the remaining half, and remained unreduced and unreducible unless by a completion of the fracture of the bone. The base of the coracoid process of the scapula presented also a fracture of the same character. Dr. Bennett referred to the rarity of recorded pathological examinations of incomplete fractures of the clavicle. He cited the opinions of Boyer as chargeable with originating the idea that such injuries were impossible, opinions which, however, were set aside in regard to most of the long bones, but were still maintained almost absolutely by some writers with regard to the clavicle. He directed attention to the two forms of greenstick fracture of the long bones, the complete and incomplete forms, and insisted on the importance in practice of recognising the existence of them, as in the incomplete form considerable force must be employed to effect the reduction. He condemned the doctrine of Jurine, that greenstick fractures may be left to straighten themselves, and also the teaching that such injuries were confined to childhood, pointing out that in the specimen before the meeting, and in others published by Prof. Smith and by himself, the fractures of the incomplete form had been observed in individuals of seventeen, nineteen, and twenty-one years of age.—Dr. HAMILTON doubted the propriety of regarding the specimen as an ordinary greenstick fracture—a view from which Drs. Stokes, Corby, and Gunn dissented.

Mr. C. COPPINGER brought forward a case of the so-called Ichthyosis or Leucoma of the Tongue, and exhibited the organ itself, which he had excised by the method adopted by Mr. Whitehead. He also showed microscopical sections of an old papillary growth which existed on it, and of a more recent and distinct patch of disease which had undergone degeneration, and was the seat of a typical epithelial cancer. The patient from whom the tongue was removed was a man aged sixty-three. The old disease was a simple papilloma which had existed for five years and had never ulcerated or caused pain, and which there was no reason to look upon as of a malignant nature. The sections of it, nevertheless, exhibited the globe nests or pearls, which were until recently described as characteristic of epithelial cancer, and the simple presence of which has been much relied on by surgeons in doubtful ulcers of the tongue. These epithelial whorls or nests are evidence only of epithelial proliferation, and not of that heterologous growth of epithelial elements which is really pathognomonic of epithelioma. Their presence in a tumour is therefore no proof of its malignancy. The excision was performed ten days ago. The operation was unattended with difficulty or serious bleeding. There was no subsequent hæmorrhage or constitutional disturbance. The patient can now swallow food well; so that this, the first trial in Ireland of Mr. Whitehead's method of excision, has proved satisfactory.

MIDLAND MEDICAL SOCIETY.

THE inaugural meeting for the present session of this Society was held in Birmingham, at the Grand Hotel, on Wednesday evening, Nov. 7th, Dr. Bodington, President, in the chair, and there was an attendance of some 200 members of the profession to hear the address of Mr. JONATHAN HUTCHINSON, F.R.S., on some Definitions of Disease for Clinical Use. The lecturer pointed out and insisted upon the great importance of precise definitions and names of diseases; and illustrated his assertions by examining some names in common use—as erysipelas, gout, herpes, xanthelasma, scrofula, and catarrh. He showed that it was extremely probable that many maladies, strictly autogenetic, may generate material capable of conveying the disease to those coming within range of infection. The same malady, then, may begin in one person by autogenesis, and in another by contagion. The fact of contagion, then, does not prove specificity. The name catarrh, Mr. Hutchinson thought, should be limited to the results of exposure to cold, that diphtheria is probably a catarrh, and that erysipelas is an autogenetic disease prone to become contagious. The name herpes is also extremely ambiguous, herpes zoster being quite different from the herpes seen on the lip after rigors, &c. Mr. Hutchinson thought that gout should be defined more accurately than it is at present. It is to be considered present whenever articles of diet cause pain in the joints or thick urine. The analogous nature of morphœa and infantile paralysis to herpes zoster was also pointed out.

At the conversazione many interesting microscopical specimens were exhibited by Dr. MacMun, Prof. Haycraft, Dr. Windle, Mr. Parkes, &c. Mr. E. J. Low demonstrated the uses of Thomson's Current Galvanometers. There was also an exhibition of surgical appliances and new pharmaceutical preparations.

Reviews and Notices of Books.

The Principles and Practice of Medical Jurisprudence. By the late ALFRED SWAYNE TAYLOR, M.D. Third Edition. Edited by THOMAS STEVENSON, M.D. Lond. London: J. and A. Churchill. 1883.—Dr. Taylor's work on Medical Jurisprudence has long taken its place among English medical classics. It runs steadily through its editions, and must continue to do so as long as medical jurisprudence continues to be taught and to be needed. It differs from all other works on the subject in the immense store of original illustrative cases which it contains, cases which convey invaluable lessons, which serve to rivet the attention of the reader, and which must dwell in the memory of all who read them. The author's reputation is safe in the hands of the present editor, who is in every way a worthy successor of Dr. Taylor in the chair of Medical Jurisprudence at Guy's Hospital. The present edition is not more bulky than the last, but it contains a great many more facts. Dr. Stevenson has managed, by paring down the somewhat redundant literary form of the author, to find room for very much that is new, and those who are acquainted with former editions will find in the present one abundant evidence that every chapter has been carefully considered by the editor. Dr. Stevenson's high reputation as a careful chemist will lead the reader to expect that the strictly scientific parts, especially the section on Toxicology, will have been improved, and this we think is decidedly the case. All the methods recommended for detecting poisons have been brought up to date, and there are many tests given in the present edition which had no place in the former ones. The professional poisoner and the toxicologist are like people playing chess, and it is the function of the latter to cry "Check" or to checkmate the former. When Palmer used a potent alkaloid for murderous purposes, he doubtless reckoned on escaping punishment owing to the difficulties experienced in detecting such minute quantities of poison. In this he found, by

bitter experience, that he had been mistaken, and since Palmer's day strychnine has not been much employed by criminals. Lamson, again, doubtless thought that aconitine could not be detected, but Dr. Stevenson and Dr. Dupré succeeded in bringing home the crime to him most conclusively. The chapter on Aconite Poisoning has been much amplified, and all the additional knowledge of the subject which resulted from Lamson's crime is incorporated in the new edition; and it may be safely prophesied that this deadly poison is not likely to be much in vogue for the future. We are glad to notice that the action of digitalin is given at considerable length, and that the reactions for detecting the poison are fully considered. We think Dr. Stevenson has been wise in devoting some space to the action of this poisonous principle, for although it has not been used in England for murderous purposes, we must not forget that it was used by De la Pommerais in France, and that Lamson had attempted to procure it, and doubtless for nefarious purposes. Another new chapter is that on Ptomaines, the alkaloidal bodies which are said to be formed in putrefying animal bodies. A capital *résumé* of the work of Selmi, Husemann, and others is given, and on much of it Dr. Stevenson throws considerable doubt. The bodies hitherto separated have been evidently very impure, and the quantity of decomposing flesh used has seldom been stated by the experimenters. Dr. Stevenson's opinion on the subject may be gathered from the concluding words of this chapter, in which he says that he is "convinced that the existence of poisonous cadaveric alkaloids in human viscera, even when putrid and diseased, is, to say the least, very rare." When we say that by editing this book Dr. Stevenson has distinctly improved his master's work, we say that which will commend it to our readers. We may hope that, when the next edition appears, something will be said as to the treatment to be employed in different cases of poisoning. This was the great desideratum of former editions, as it is of the present.

A Guide to the Practical Examination of Urine. By JAMES TYSON, M.D. Fourth Edition. Blakiston and Co. 1883.—This work decidedly deserves the success it has attained, for the author evidently spares no pains to keep it well up to the mark. In one respect he has been unfortunate: this edition was issued in America just at the time when the discussion over picric acid, urinary test-papers, pellets, &c., was raging most fiercely here, and so he has been unable to report upon these latest developments of urinary analysis in respect of testing for sugar and albumen. This, however, after all, is perhaps no drawback, for the new tests are not likely to come into general use till after the definitive report of the committee appointed by the Clinical Society to settle their respective values. By the time the report is issued, Dr. Tyson will no doubt be prepared to incorporate the result in a fifth edition. One feature in the present issue that particularly deserves notice is the excellent summary of the present state of our knowledge concerning the colouring matters in the urine. Thanks to the researches of Jaffé, Maly, and MacMunn, this subject has been cleared of many of the obscurities surrounding it. There is now a pretty general accord that two pigments are to be found in normal urine: one derived from blood pigment by oxidation in the liver, the changes being from hæmatin to bilirubin and bilirubin to urobilin; while the second pigment is allied to, if not identical with, indican, and is commonly known as uroxanthin. The source of this body is probably from the indol formed by the decomposition of proteid substances by pancreatic digestion, since indican is found increased in the urine of animals after the subcutaneous injection of indol, and also after ligature of the small intestines. Dr. Tyson also fully discusses the abnormal colouring matter found in urine in disease, but he omits mention of a pigment described by Stokvis as a secondary product of the oxidation of bile colouring matter, and which, according to MacMunn, is only found in urine when there is grave disturbance of the system, or in diseases of severe character, whilst it is never discovered in normal urine.

A Clinical Study of the Action and Uses of Caffeine and Convallaria Majalis as Cardiac Tonics. By BEVERLEY ROBINSON, M.D. Detroit—Michigan: G. Davis. 1883.—This pamphlet is a reprint from the *Therapeutic Gazette* for July, 1883. The following are the conclusions, based on investigations made by himself, at which the author has arrived:—1. In caffeine and convallaria we have two efficient heart tonics. 2. The diuretic action of caffeine is more marked than that of convallaria. 3. Convallaria is well borne by the stomach of most patients suffering from chronic cardiac affections. 4. If this be not so, the vomiting is a sign of the commencement of uræmia. 5. Cumulative effects do not occur from their continued use during a period of ten days or more. 6. Their power of restoring the rhythm of the heart and of increasing the bulk of urine is not equal to the infusion of digitalis. 7. Digitalis is still the most efficient cardiac tonic, and is a more powerful diuretic than caffeine.

The Law of Sex. By GEORGE B. STARKWEATHER, F.R.G.S. London: J. and A. Churchill. 1883.—The causes which determine the sex of human offspring have heretofore baffled the search and defied the intellect of all who have attempted their discovery, but the old state of things has passed away, and the progenitors of the near future may decide the sex of their children by obeying the dictates of the new law which Mr. Starkweather has brought to light. A thorough convert to the views of the author may say this much, and be in perfect accordance with the doctrines which lie on the surface of the author's work. Mr. Starkweather has briefly designated the new law as that of the "superior opposites." According to this theory the "superior" parent decides the sex of the child in such a manner that the father would beget a daughter or the mother a son. To quote the author: "If the mother be more highly endowed, or even but temporarily more favourably conditioned than the father, the offspring will be of the male sex and endued with more of the mother than of the father." Various elements are involved in the term "superiority." Cerebral development is an important factor. Individuals of highly nervous temperament are decidedly superior to those of lymphatic constitution, so that activity is an indication of superiority; but a well-developed nervous organisation is above all. Amongst the minor indices to pre-eminence the dark complexion and a strong will ought to be mentioned. Seven chapters of the book are thus spent in expounding the dominant principle; the remainder of the volume deals with the verification of the theory and with a consideration of the practical results which flow therefrom. The names of famous men are quoted to show how superior their mothers were. Many instances are given where, owing to the pre-eminence of the father, the majority of the children were daughters. If one parent is always superior the children ought all to have been of the same sex. But that is not the case. To explain the discrepancy we must suppose that at the time of some of the conceptions the vane of superiority had shifted about and a transient relative inferiority rested with the usually superior mate. In order to control the sex it is advised that the inferior partner be educated, or that the superior be made more fleshly by giving up intellectual pursuits and taking to physical exercise, whereby nutritive activity of the body is favoured, digestion improved, and the organism so rendered less sublime, less superior.

AT Guildhall on Wednesday a butcher was sentenced to two months' imprisonment for sending to market two fore-quarters of a cow diseased and unfit for human food.

New Inventions.

ORO NASAL RESPIRATOR FOR MEDICATED VAPOURS.

MADE FROM SUGGESTIONS BY DR. BRACE.

No originality is claimed in the construction of this instrument. It is intended to prevent the sense of dyspnœa complained of by many who have used the various respirators lately introduced, and it appears to carry out thoroughly the intention of those who believe that these medications are proving useful in many cases of lung disease. The vapour, filtered through cotton-wool in a coarse wire-gauze cap, is freely admitted into the air-tubes. Any valve at this opening being not only useless, but obstructive. At either

side of the instrument are two carefully adjusted and well protected tube-valves, which provide for the free exit of air, while they effectually prevent its admission except through the wire gauze. It can either be used as an ordinary hand respirator, or be fixed over the face by a movable leather strap, and thus worn for any length of time without inconvenience. The apparatus is manufactured by Messrs. Weiss and Son, Strand.

WOOD-WOOL.

MESSRS. ESSINGER and NEUBERGER have submitted to us a sample of the Holtzwolle or Wood-wool which is now used somewhat extensively for surgical dressings in Germany. It is a light, soft, elastic, and very absorbent material, and as such possesses all the attributes of the basis of a surgical dressing. It is employed contained in bags of absorbent muslin of various sizes, and may be used alone or impregnated with some antiseptic agent. This wood-wool saturated with an aqueous solution of bichloride of mercury, 1 in 200, is now used largely as an antiseptic dressing, and with marked success. On account of the ready solubility of the antiseptic agent, it requires to be employed in considerable bulk. We hope that British surgeons will at any rate give this form of dressing a trial.

THE STAINES LOCAL BOARD.—This Board was on the 15th inst. summoned before the Spelthorne magistrates for the fifth time for having failed to comply with the notice served upon it by the Conservators of the river Thames on Sept. 27th, 1871, and causing or suffering offensive or injurious matters to flow from one of its drains into a water-course communicating with the river Thames. Mr. Hawkesley has just reported to the Board that to drain Staines, with a population of 5000, would cost £32,000, or thereabouts. The Bench decided that the Local Board were at last taking steps to provide the town with drainage, and imposed a penalty of one guinea only and five guineas costs.

Abstracts
OF
INTRODUCTORY ADDRESSES
DELIVERED AT THE
DUBLIN HOSPITALS & MEDICAL SCHOOLS
AT THE
Opening of the Session 1883-84.

RICHMOND HOSPITAL.

DR. BANKS first referred to the name of the hospital, "The House of Industry," which needed explanation, as there was now no House of Industry. Up to the time of the passing of the Poor-law Act a House of Industry did exist, which in some respects resembled a hospital, except that it was also a place into which vagrants were brought by force. The Richmond Hospital was originally a nunnery, but was undesirable in many respects, and a move had been made to build a new hospital. In close proximity was the Richmond Lunatic Asylum. A practical acquaintance with mental diseases was now an absolute requirement, and was included in the curriculum of the Royal University of Ireland. Dr. Banks next referred to the medical men connected with the hospital, who had done so much to build up the fame of the Dublin School of Medicine, and concluded by bidding his hearers a most cordial welcome on the part of his colleagues and on his own part, and expressed his heartfelt desire for their success as students, and for their advancement in the noble profession, which the better they knew the more they would love, and the honour and dignity of which, he trusted, it would be their pride and pleasure to support.

SCHOOL OF PHYSIC, TRINITY COLLEGE.

MR. CUNNINGHAM, the new Professor of Anatomy and Surgery, said he assumed the duties of his chair with a sense of serious responsibility. The only truly scientific way of studying anatomy was constantly to keep it before them, that it was merely a minute corner of the great biological field, and that to sever it from its associated sciences was to present it in an altogether false light. Innumerable side lights could be let in to brighten the study of human anatomy, and explain facts which in themselves were bald, unattractive, often uninteresting. The history, origin, and antiquity of man, his relations to the lower animals, his development, &c., had all a direct bearing on his structure. Such, then, being the case, it appeared to him that the proper method of beginning a course of lectures upon human anatomy was to fix as far as possible the position of man in the zoological scale, to determine the position he occupies in relation to the lower animals, and then to glance at the information which science afforded as to his origin. To the elucidation of these two points the lecturer devoted his introductory address. He placed before his audience what appeared to be the essential features of structural difference between man and apes. These differences, he observed, were by no means insignificant, as many are inclined to believe; but they were not sufficient to warrant them in establishing a separate order for the reception of man. At the same time he would have them to be careful not to exaggerate the affinities. As Huxley remarked, there is not a bone in the gorilla which does not bear a mark by which it can be distinguished from the corresponding human bone, and they might add that the same rule applied to every organ in the body.

ADELAIDE HOSPITAL.

MR. WARREN said he considered the study of medicine to be the training which preaches, more impressively and more convincingly than any other could, the everlasting principles of all scientific work—principles which are so simple, and yet are ever forgotten again; so clear, and yet always hidden by a deceptive veil. The fundamental error of early medicine was that it pursued a false ideal of science in a one-

sided and erroneous reverence for the deductive method. Medicine was not the only science which was involved in this error, but in no other science had the consequences been so glaring or had so hindered progress as in medicine. The history of this science, therefore, claimed a special interest in the history of the development of the human mind. Having briefly sketched the early development of medicine, its difficulties and trials, the lecturer proceeded to the consideration of some of its triumphs in modern times. Since the commencement of the present century truly their profession had advanced with leaps and bounds. Surgery was never stationary; but when its history came to be written—and this had never yet been done—it would be found that the surgery of the nineteenth century had not been uniform in its progress in all departments; that its advance had not been continuously in one line, but that its progress had been materially affected by the prevailing bias of the professional mind of the day. Anatomical at one time, physiological at another, the tendency of surgery at the present day was influenced in one direction by the mechanical spirit of the age, and in another by the advanced pathology, which was one of its chief medical characteristics.

ST. VINCENT'S HOSPITAL.

DR. M'ARDLE said that the subject of his address was the relationship of physiology and anatomy to the study of medicine. Taking the first of these, physiology, which treated of the functions of the working of that marvellous organism, the human body, all would see at once the advantage of a thorough knowledge of this subject; for if they knew not the proper mode of action of an apparatus, how could they detect the cause of failure if it ceased to act, or acted irregularly? Who but a person possessing a knowledge of physiology could comprehend how defects of breathing could be brought about by various forms of heart disease? And so it was in innumerable other cases. To trace the physiological connexion between diseases of distant organs formed part of the every-day work of the enlightened practitioner. Having touched on the value of physiological study, the lecturer alluded to anatomy as having another bearing apart from the necessity of knowing it. As a step towards physiological study it was of the greatest importance to the practical surgeon, for without being acquainted with the position of important structures, his knife might increase rather than diminish the injury or defect he was called upon to rectify.

MEDICAL SCHOOL, ROYAL COLLEGE OF SURGEONS.

DR. FOOT in his address remarked that the knowledge which as students they had to gain arranged itself under two heads—scientific knowledge and practical knowledge. The former comprised some acquaintance with the sciences of anatomy, physiology, and chemistry; the practical referred to the art of medicine, surgery, and midwifery. The late Professor Parkes insisted most strongly that the value of anatomy as a discipline was far higher and more precious than its direct utility. And anything which had been urged in favour of the study of anatomy applied with even greater force to that of physiology, to which their attention was turned in their second year. Physiology was a science which went hand in hand with anatomy. The conviction was constantly gaining firmer ground among the representatives of modern medicine that physiology, more than any other natural science training, was destined to furnish the physician with that clue to diagnosis and treatment. The foundation of modern science might be truly said to rest on anatomy and physiology. These two subjects were its principal props, and they, along with physics, chemistry, and pathology, formed the scientific portions of their study. There was no small danger nowadays of neglecting the art whilst struggling after the science of medicine, though medicine in its ultimate development must always be more of an art than of a science. The age was becoming every day more purely scientific, and was occupied more with arranging subjects and giving names than with understanding and managing objects. There was a growing tendency to aim more at knowledge of words than of things.

MEATH HOSPITAL.

DR. J. W. MOORE, having referred to the want which existed of suitable accommodation for convalescent patients, and to the Home at Bray presented to the Hospital by Lord Brabazon, next spoke of the nursing arrangements of the Hospital, and quoted a passage from the work of Miss Florence Nightingale to realise what a nurse ought to be. The question had a wider bearing. It was, indeed, essential to the well-being of the sick in the hospital wards that they should be tended by day and through the night by nurses carefully trained and of ripe experience. But how were they to provide nurses for the community at large, unless to each of their hospitals there was attached a training institution with a fully equipped staff? First, there should be "a trained lady-superintendent, who is herself the best nurse in the hospital, the example and leader of her nurses in all that she wishes her nurses to be;" secondly, there should be trained head-nurses, the so-called "sisters" or "ward sisters" of the London hospitals, part of whose duties it should be to train the pupil nurses or "probationers"—a term which was most appropriate, for, in the words of Miss Nightingale, "nursing is a probation as well as a mission." Unfortunately, they had no such training institution or school in the Meath Hospital, and the physicians and surgeons were compelled to seek for nurses to attend their private and extern patients at other and, in this respect, more favoured institutions. Concluding his address with words of welcome to the new students, he said that grave were the responsibilities of the calling to which they were about to devote their lives. He would not damp their ardour by dwelling upon those responsibilities, but he did trust that both they and himself were alike sensible of the solemnity of the work in which day by day they were engaged; it was as though, like the Hebrew high priest of old, they stood "between the dead and the living," ever striving to stay the ravages of disease, and to rescue from death the hostages of a frail humanity.

THE MATER MISERICORDIÆ HOSPITAL.

THE introductory address was delivered by Dr. JOSEPH REDMOND. The lecturer, after some speculation on the art of healing and its localisation in the first instance in Egypt, on the testimony of Herodotus, briefly reviewed the rise and progress of the science of medicine, and remarked on the present position of medicine as compared with the past, quoting with approval the words, "The days are gone for associating the calling of medicine with disease; our association is with health." The most important investigations of the past year have unquestionably, he said, been those which relate to bacterial pathology, and in those France has led the van in the person and genius of Pasteur. Referring to tubercle, the lecturer said that as early as 1865 M. Villemin showed that tubercle was capable of inoculation from the human subject into the lower animals. Our knowledge of the disease passed through various stages till Creighton drew certain notable inferences in regard to the causes of consumption. But all these views, more or less speculative as they were, Dr. Koch, in his "Etiology of Tubercular Disease," has reduced to the severity of a science. His investigations result in the startling statement that "one-seventh of the deaths of the human race is due to tubercular disease, while fully one-third of those who die in active middle age are carried off by the same cause." Koch proves to demonstration that the formation of tubercle is as much due to the growth of bacilli as are the common eruptive fevers. A further discovery of this scientist is the presence of bacilli in the matter expectorated from the lungs of persons affected with phthisis—matter so infective as to expose to great danger persons inhaling the same air with consumptive patients. Previously to these researches several physicians were of the opinion that certain scrofulous affections, diseased joints, &c., were caused by a microphyte—a species of the bacilli. This theory still stands in need of verification, which a series of well-considered experiments in the lower animals may supply. Dr. Koch, when in charge of the German Scientific Commission in Egypt, found, on examination, considerable numbers and varieties of bacilli in the dejections of cholera patients. The bowels accordingly were

submitted to investigation, and it was observed that the bacilli had penetrated beneath the epithelial lining of the intestines, and produced inflammation. Dr. Koch's attempts to produce cholera by inoculation in rabbits, cats, monkeys, and mice were all attended with failure—a result which he attributed to the animals being insusceptible to cholera, or to the fact that when he performed his experiments the epidemic was already on the wane, and so the infective matter had lost much of its activity. We may, perhaps, conjecture a further reason. The atmospheric conditions required for its development probably did not then exist, for it is a remarkable fact that the Arabic phrase for cholera is the "yellow air," a phrase which is derived from the peculiar appearances which prevail during a cholera epidemic. These phenomena were visible at Cairo to such a degree that sparrows and other birds abandoned the ill-fated district till the departure of the epidemic. In confirmation of this view we may cite an incident of similar import. It is reported that during an epidemic in England the sexton of a church, having to ascend the steeple, became conscious of a peculiar odour in the upper atmosphere which was not perceptible in the busy streets below. The lecturer then briefly noticed the valuable aid rendered to the study of medicine by the stethoscope, microscope, and other instruments, and concluded with a few words of encouragement and congratulation to the students.

THE PARKES MUSEUM.

DR. ROBERT J. LEE, on the 15th inst., delivered at this institution a lecture, of which the following is an abstract, on the Disinfection of the Atmosphere, the chair being occupied by Professor W. H. Corfield. Dr. Lee began by explaining what is the chief cause of putrefaction, and showed how it could be prevented by removing from the air those minute bodies, bacteria and their germs, in which it originates. The mode in which so-called antiseptic agents produce effects was explained, and the products of coal-tar distillation, especially carbolic acid, were mentioned as most powerful in antiseptic properties. The difference between the use of antiseptics in fluids and in the state of vapour was demonstrated, and the burning of a substance was proved to be unscientific, as the antiseptic properties were thus destroyed, instead of being converted into vapour or smoke, in which form it would act upon the organic particles floating in the atmosphere. The principal question discussed by Dr. Lee was whether it was possible to disinfect the air, and thus prevent the spread of some of those diseases the germs of which are conveyed in the atmosphere. He considered that it was most important to decide upon the principles first, and then put them into practice, and not delude ourselves with the idea that some particular plan in which we had confidence was really useful when it was unscientific and quite valueless; trying to disinfect a sick room, for example, by keeping water mixed with Condy's fluid or carbolic acid was shown to be of no practical use. A discussion followed.

THE OLD FAITH AND THE NEW FAITH.

To the Editor of THE LANCET.

SIR,—Two important discussions have lately taken place in London on the subject of the treatment of fractured patella, in both of which, however, the pith of the argument turned upon the position occupied by the antiseptic system at the present time. A listener could not fail to observe that the speeches on both sides, diplomatic and polite as they were for the most part, left unsaid much that was in the mind of the speakers. For the surgical world may be divided into two parties, between which a mutual understanding is difficult, if not impossible. There are, in the first place, those who hold unshaken by the traditions of the elders, and then there are those who have adopted the tenets of the new faith. The former find it quite impossible to appreciate the position of the latter; they do not and cannot believe their assertions, and that in many cases for the very best of reasons. They have tried, according to their lights, to follow the instructions of the new school, and have, perhaps, been not unpleased to find that they have failed in obtaining the same results. These look upon the new creed as an unwelcome and dangerous heresy, and think that those who hold it are not only blinded by their credulity, but puffed up with overweening and odious conceit. To these the publication of Mr. Lister's paper, though it may be the cause of the gravest anxiety, can do no further harm, for they will not dream of following his advice. A reference was made at one of the meetings to Nicodemus, and the comparison was, perhaps, more apt than was intended, for the true meaning of the new faith is not more comprehensible to them than was that of another to him. The modern school, on the other hand, find it almost, though not quite, as difficult to place themselves in the position of their seniors. I say not quite as difficult, for many of them have learnt the teaching of both, and have relinquished one in favour of the other. But they, too, are apt to think, and perhaps talk, uncharitably of those who do not sympathise with them, simply because they find it impossible to do so. They themselves are able to undertake with confidence, and carry out with safety, things which they were taught as students to be unjustifiable, or which had not even reached that preliminary step towards general acceptance; and they not unreasonably resent the misrepresentations and invectives to which they are subjected on that account. They hold the same creed, though they may differ widely in their method of applying it; and they may fairly be excused of impatience at rebuke when they see year by year the rapidly increasing converts to their views, and the fact that the new teaching is, unconsciously to themselves, modifying for the better the practice of the gradually diminishing ranks of those who take their stand upon ancient tradition. But amongst the modern school must, unfortunately, be included a large section to whom it may well be feared the publication of the new method of treatment for fractured patella and similar operations is not unfraught with danger. These are they who have enthusiastically accepted the new faith, but make poor professors, because they have not mastered the details of its practical application. It is such men as these who bring discredit upon antiseptic surgery, and to whom, at the present time especially, a word of warning may not inaptly be given—namely, that until they have had sufficient experience to justify them in feeling perfectly confident that they can prevent the entrance of putrefaction into a wound, there is no manner of justification for them in undertaking an operation (which, if not properly carried out, involves serious risk to limb and life) for such a condition as fractured patella, for which a fair and indeed a good treatment is at hand involving no risk whatever. It may be hoped that when the principles of antiseptic surgery are more widely accepted and universally taught, it will be considered on all hands a disgrace for a surgeon to have putrefaction in a wound of his own making through unbroken skin (except in certain positions). But this cannot be said to be the case yet; and until anyone feels that if he were to wire a patella it would not only be a disgrace, but a practical impossibility for putrefaction to occur in the wound, I am sure that all well-wishers of the new faith will join in appealing to him to let the operation alone. Still more, perhaps, is the warning needed by those who look upon the whole thing in the loosest possible way, who talk gaily about the "spray-and-gauze treatment," and who make use of one or both as a sort of fetish, under whose guidance they proceed with a light heart to court, as it were, disaster. In the name of humanity, let such confine their experiments with antiseptic surgery to necessary operations. I have been horrified to see finger-tips and instruments just shot through an antiseptic solution, the unshaved axilla scarcely cleaned in the most perfunctory way, before the removal of a breast; or a sponge wiped freely over outlying unpurified portions of skin, perhaps even that of the perineum itself, and then dabbed upon the wound as the grand finale to an operation performed "under the strictest antiseptic precautions."

Your obedient servant,

Nov. 1883. G. R.

THE magistrates at Lincoln, on the 16th instant, inflicted fines of 10*s.* and 9*s.* 6*d.* costs upon two persons charged with having exposed their children whilst suffering from scarlet fever, without having taken proper precautions to prevent the spread of the disorder. In one of the cases a child had been sent to a school which was attended by seventy other children.

THE LANCET.

LONDON: SATURDAY, NOVEMBER 24, 1883.

AN old controversy of some little interest has been revived in pathological circles in Berlin. It is now nearly twenty years ago since VIRCHOW described a condition of more or less widespread fatty degeneration of the interstitial tissue in the brain of new-born infants, under the name of "congenital encephalitis." After a time it was found that such a condition was extremely frequent in the brains of infants, and JASTROWITZ (*Archiv f. Psych.*, ii. and iii.) adduced reasons for believing this to be a physiological process—a stage in the development of the brain. Other writers, as HAYEM, CORNIL and RANVIER, also doubt the pathological significance of the changes, and some, as PARROT, whilst admitting this much, deny its inflammatory character. The subject has again been raised by the reading of a paper at a recent meeting of the Berlin Medical Society by Professor VIRCHOW, and the reply to it by Dr. JASTROWITZ. VIRCHOW'S paper appears *in extenso* in the *Berliner Klinicher Wochenschrift*, Nov. 12th, which enables us to present our readers with a *précis* of his line of argument. The condition to which he gave the name of "encephalitis congenita," and which he first described in 1865, consists in the occurrence in the white matter of the cerebral hemispheres of stillborn infants, or infants dying shortly after birth, of numbers of granular cells and "compound granular corpuscles," either diffusely scattered throughout the tissue, or accumulated in masses of localised "softening." The congenital nature of the change is of course rendered less probable in these cases when it is found after the infant has lived some weeks, but there is no question of its being congenital in cases of stillbirth or abortion. The point in dispute is, whether it is of physiological or pathological nature. Here VIRCHOW reminds us that each of the three varieties of fatty degeneration of cells, which he so long ago clearly established, may be either normal or morbid—whether, that is, the fat be accumulated in tissue normally possessing it, or taken up temporarily by cells, or as the result of the destruction of the cell—a true metamorphosis. As regards the brain, the first of these explanations of the presence of fat in cells is of course beside the mark, since no fatty tissue occurs there; but JASTROWITZ contended that the appearance of this so-called "encephalitis" was due to the consumption by the cells of the products of destruction which must accompany rapid cell-formation in the development of the brain. VIRCHOW, on the contrary, maintains that it is a true fatty metamorphosis, and that there is no proof of its being in any way connected with the growth of the brain. Aided by Dr. ISRAEL, he examined last summer forty-four infants—twenty-two stillbirths, five dying at birth, and the rest surviving from a few days to a few weeks. Without giving all his statistics, it suffices to say that he found that the appearance of these granular corpuscles in larger or smaller amount did not invariably occur, even in the fœtus, the change being absent in twelve out of the twenty-two stillbirths, whilst of the five dying at birth only two showed it, and of the seventeen who survived birth all but three exhibited the change. He admits that the cases are few, but rightly thinks that they point in favour of the change being morbid, in spite of its frequency. He then proceeds to justify his opinion of its being inflammatory. M. PARROT'S belief that the change is a passive one, due to defective general nutrition, is considered by VIRCHOW as unacceptable, since malnutrition is not a constant feature, and especially since no degenerative changes are found in the bloodvessels; and he is particularly emphatic in denying that because muscle degenerates from lack of general nutrition the nervous centres will also. But he contrasts the histological changes with those found in the retina in cases of retinitis, and affirms that if they be not inflammatory in the narrowest sense, they must be the outcome of an irritative process with which the idea of inflammation is commonly associated. This may not be satisfactory to all, for in the present day he thinks each man has a different conception of what constitutes inflammation; but it is the only conclusion at which he himself can arrive, and it is supported by the fact of the increase in size and number of the cells in the vicinity of the degeneration. He forbore to enter upon the symptoms that such a condition of the brain might produce, or on its influence on the functions of the body, as that would only complicate a question upon which they were still divided; it is essential first to discover the nature of a condition before discussing its meaning. At the following meeting of the Society Dr. JASTROWITZ defended his position, but no fresh light was thrown upon the matter.

SINCE the practical abolition of the old apprenticeship system we have strenuously urged the necessity of some method by which students could gain an insight into the practical work of our profession, and determine whether they were fitted for its duties, previous to their joining a medical school. After spending a year or two in distasteful studies, and paying a large sum of money in fees, it is often too late for a young man to turn his back on the career in which he has embarked, and a well-judged preparatory education is especially valuable before entering on a profession in which so many factors have to be considered as ours. It is therefore with especial interest that we have studied the first important scheme—that, namely, in connexion with the West London Hospital—which is intended to supply this want. The ideal preparatory education for a medical student who has passed his preliminary examination in Arts is a pupilage at a county hospital, where he may be taught to dispense, and may see and under supervision watch the course of the more frequent diseases presented by the patients in the out-patient department, and observe intelligently the general methods of diagnosis and treatment adopted in the wards of the hospital. At the same time he should study osteology under the guidance of the house-surgeon, and the various branches of natural science which will have a bearing on his future art and practice, with competent and efficient teachers. These sciences include botany, chemistry, physics, and biology, and we are glad to believe that they can now be learnt by an aspirant for

a medical qualification in almost every county town or borough in which a provincial hospital is located. The ways and manners of seeing patients—the *savoir faire*—are either learnt easily, or not at all. The new preparatory school goes beyond our ideal in many points, whilst in others it fails to attain thereto. The second part of the prospectus of the West London Hospital is very incomplete and unsatisfactory. The practical teaching of the science subjects is not referred to, and it would seem to us that theoretical lectures, with an occasional excursion to the South Kensington Museums, will take the place of more thorough and real instruction. We have grave doubts whether medical men in active practice can seriously undertake to "give thorough and practical instruction in natural science, such to be carried up to the standard of the Preliminary Scientific (M.B.) Examination of the London University." If the teachers at the West London School can do so, they are to be congratulated, for in every medical school and college such work has been transferred to pure scientists, and with every advantage to both the teacher and the pupil. In the first part, the prospectus passes beyond the necessity of the case. If clinical medicine, clinical surgery, elementary principles of medicine, elementary principles of surgery, elementary ophthalmology, and elementary pathology mean anything, they must go far beyond what a first-year's student ought to be taught, or can be expected to appreciate at its proper value. If they are merely introduced to give every member of the staff a co-operative interest in the working of the new school, we should suggest that they be withdrawn, for the demands of modern scientific examinations, with osteology, pharmacy, and materia medica, are of much more importance to students preparing for medical studies. An insight into medical work is the only other requirement that is needed by them. Less medical education, as such, and more science, would be great improvements in the West London Hospital scheme, if it is intended to be strictly preparatory, and not to form the nucleus of an additional and unnecessary medical school.

COLDS are chills, and chills are prolonged depressions of nerve force, without the reaction which should occur immediately after the collapse. Nineteen persons out of twenty misuse this word "reaction," and the misuse involves more than an error, or confusion, of terms. There are *three* stages of every strong impression made on a living organism. First, the attack—in this case the chill; second, the pause, like a dead-point, during which the organism is depressed—that is, lying under the stunning effect of the attack; and third, the reaction. The "reaction" cannot occur until after the dead-point, and the mistake commonly made is to speak of the stage of exhaustion or depression which follows any severe impression as the reaction, whereas it is precisely because no reaction occurs and the dead-point is prolonged matters go amiss. The physiological, or perhaps we ought to say the pathological, process of a cold has been thus described: When the surface of the body or the air-passages are chilled by a draught, or by being drenched with rain and sitting in cold damp clothes, lying in damp sheets, and the like, the mischievous impression is made, not on the skin itself or on the lining membrane of the air-passages, but upon the vast network of minute nerve-filaments which lies beneath these membranes, and connects the surfaces of the body—both external and internal—with the nerve-centres, which are the sources and foci of energy and power. These nerve-centres receive, through the multitudinous branches of telegraph-like afferent nerves converging to them, a shock or staggering impression which for the moment paralyses them; and during this paralysis or stupefaction the vaso-motor, or vessel-contracting centre, whose peculiar function it is to regulate the calibre of the blood-vessels, gets the upper hand, and these bloodvessels are contracted so that they carry less blood than usual. The smaller branches of the arterial system, which form a network immediately underneath the skin and give it its bright pink colour, are so reduced in "bore" or calibre—as any elastic or compressible tube may be reduced—that the red blood does not flow through them, and the surface looks pallid. This is the first effect of "chill." Presently comes the recovery from this state, or the "reaction" as it is called, when the first effects of the shock have passed away and the centres begin to revive. Now occurs the critical moment. If the shock has been great, and the recovery is slow or imperfect, as often happens in a depressed or what is called a "delicate" state of the organism, the vaso-motor centre, which of course shares the general depression, though it is not the first to feel it and show it, will give way before the reaction is established; and then the heart, bounding in its recovery, pumps its blood into unduly yielding and unstrung vessels, and dilates them, and local congestions or accumulations of blood may take place, while the absence of proper resistance excites the heart to tumultuous action, and the disturbances of fever and inflammation occur. It is a question of the balance in power between two parts of the nervous system, the general and the particular—the latter being the centre that regulates the calibre of the blood-vessels—and this practically resolves itself into a question of time. If the reaction of the general nervous system be quick, there is a rush of blood to the surface vessels, and due resistance being found, the heart quickens its pump-like action, and the sweat-glands are thrown into activity, so that perspiration ensues. If, on the other hand, the vaso-motor centre has participated seriously in the shock of the chill, the muscular coats of the vessels are not properly contracted; they have lost their tone. Then the blood propelled to the surface simply dilates the vessels, so that there are the redness and heat of "fever" or pyrexia, and the skin remains dry; there is rapid action of the heart, partly because there is less than the normal resistance to overcome, and partly because the vagus fails to exert its inhibitory action, and both the muscular structure of the heart and the respiratory centre are left uncontrolled, but the current of the blood moves slowly through the vessels, and the heart wave is perceptible in the arterioles, and is present in the capillary area. Coincident with these mechanical actions and reactions, involving departure from the healthy condition of the circulation, occur disturbances of the chemical processes of health and consequently alterations in the nutritive relation of the various tissues of the organism and the blood. What then is a cold? Clearly it is a disturbance of the balance between the several parts of the nervous system, brought about by the shock of a sudden or prolonged exposure to the depressing

effect of "chill"; although the same physiological results may be produced in the organism by the operation of any agent which is capable of giving the nervous system a similar shock, and thus creating the same kind of disturbance. Nature's provisions against the consequence of a "chill" and for the prevention of a "cold" are *sneezing* and *shivering*. A violent fit of sneezing often saves a chilled body the consequences of the nerve depression, or "shock," to which it has been subjected; and this shock may in its first impression be very limited in its area; for example, the small extent covered by a draught of cold air rushing through the crevice of a door or window. The nerve centres are aroused from their "collapse" by the commotion or explosive influence of the sneeze. If sneezing fails, nature will try a shiver, which acts mechanically in the same way. If this fails, the effects are likely to be very serious, and bad consequences may ensue. The popular notion reverses the order of events, and hence the saying, "If there is sneezing the cold will be slight, if there is shivering it will be grave;" whereas it is slight when sneezing suffices to recover the nervous system quickly from its depression, and grave when even strong shivering fails to do so. In case of chill, with threatened cold, sneezing may be produced by a pinch of snuff of any kind. This is how some of the vaunted "cures" of cold by snuff are brought about. Or brisk exercise may ward off the attack. The popular idea is that the circulation is restored by these remedies, but the true explanation is that the nervous system and centres are aroused. The first step towards an intelligent treatment of chill and cold is a scientific recognition of their nature.

THE subject of the Operative Treatment of Cancer of the Breast was one of those discussed at the recent Congress of German Surgeons held at Berlin. It was introduced by Prof. KÜSTER, whose main contention was that not only should operation be performed as early and freely as possible, but that in all cases, as an essential part of the operation, the axillary glands should be completely removed. He had himself thus operated in 117 cases, although in a large proportion of them he was unable to detect before operation any enlargement of the lymphatic glands. In only two cases, however, were these glands found free from at any rate commencing cancerous disease, when thoroughly examined. Prof. KÜSTER's mortality in these cases has been 15·15 per cent., which is just below the mean mortality as shown by the recent tables concerning this operation. On the other hand, it is to be noted that Prof. KÜSTER claimed to have cured 26·22 per cent. of his cases—all cases in which there was no recurrence of disease for three years after the operation being reckoned in the category of cures. This mode of operating involves no new principle. It is now generally recognised that no operation for the removal of any malignant growth is to be undertaken unless the surgeon contemplates being able to remove all the affected tissues. But what Prof. KÜSTER's facts show most conclusively is that the absence of palpable enlargement of the lymphatic glands is no evidence of their freedom from malignant infection, and that in all cases of cancer of the breast presenting themselves for operation, the lymphatic glands in the axilla must be regarded as infected, and treated as such. Prof. KÜSTER asserted that he was the first to enunciate as a principle that the axillary lymphatic glands should be removed in all cases of excision of the mamma for cancer. But in this he was misinformed. Prof. GUSSENBAUER, of Prague—who subsequently joined in the discussion—reminded him that in 1881 he had taught the same doctrine, and even advised the removal of the supra-clavicular glands. In this country the same practice was advocated by Mr. PEARCE GOULD, in a paper which he read before the Medical Society of London, and which was published in our columns (vol. i., 1882, p. 567). In it he adduced just the same kind of evidence as Prof. KÜSTER. And we believe that a due appreciation of the facts will induce all surgeons to adopt the line of practice inculcated by these three surgeons.

Two other measures were discussed, on which there was not unanimity of opinion, and in reference to which we lean to the side of conservatism. Prof. GUSSENBAUER recommended the removal of the supra-clavicular glands, as well as the axillary; but Profs. LANGENBECK and BERGMANN both spoke against this practice. A complete removal of these is certainly a dangerous procedure, far more so than is that of the axillary glands, and when the disease has involved them, it is very quickly carried also to other and utterly inaccessible organs. So that this step not only exposes the patient to some considerable risk, but fails to offer any sufficient compensatory advantage. Prof. ESMARCH stated that when the axillary glands are so matted to the axillary vessels and nerves as to be incapable of enucleation, he considered it justifiable to disarticulate at the shoulder. And in this counsel he was supported by Prof. LANGENBECK, who cited his experience of three cases of this kind in which, instead of amputating the limb, he had excised the diseased nerves and vessels. One died from gangrene of the arm, one died with relapse, and one remained well up to the time of the Congress. We cannot think or hope that this practice will ever find support in this country. The disarticulation of the limb is an extremely severe measure and a painful mutilation, and the results of operation for cancer of the mamma—even the most radical—are not so favourable in ensuring freedom from recurrence as to warrant such a step. Further, when the infiltration of the axillary glands has proceeded so far that they are inseparably matted to the adjacent vessels and nerves, the probability that there is still further infection of internal organs amounts almost to a certainty, and we cannot think that any departure from the rule which is usually observed in this country, and which declares that in all cases where the axillary glands are so much involved that their entire removal is impracticabl no operation should be undertaken, will be for the welfare of patients.

Our readers may be reminded of a case that Mr LAWSON presented to the Clinical Society of London in 1882. It was that of a man—a chimney-sweep by trade—who was in Middlesex Hospital under his care for an epitheliomatous ulcer of the axilla. When an attempt was made to remove the growth, it was found that it had encroached upon the axillary artery. This vessel was accordingly tied above the level of the disease, and the limb was amputated. The result justified this step. This case, however, must not be taken as in any way bearing upon the treatment of scirrhus, for in Mr. LAWSON's patient the disease was epithelioma, and of that mild type known as chimney-sweep's cancer, in

which the probability of a cure, if only the primary disease could be thoroughly eradicated, was quite strong enough to justify such an extreme measure as amputation of the limb. The recent efforts of surgeons have undoubtedly improved the prognosis in cases of cancer of the breast when submitted to operation early, but when the disease is far advanced and infection is wide, the very nature of the disease seems absolutely to preclude all hope of cure from operation; and it is unwise not to recognise the true limits of useful surgical treatment.

OF late years the public mind has been less anxious about the state of the poor of Liverpool than it used to be, chiefly owing to a decline in the rate of mortality. But there is a dying rate of living for the poor, and we are rudely reminded that if there are not, as some maintain, still 10,000 cellars in Liverpool, inhabited by thirty or forty thousand people, there are streets and courts and districts in which squalor and drink, and crime and fever, hold almost undisputed sway, and in which civilisation is scarcely advanced enough for any visit but that of a Catholic priest. We have been favoured with copies of the *Liverpool Daily Post* containing a series of papers on "Squalid Liverpool." These papers purport to give the result of a personal examination of the squalid districts by commissioners, including a medical commissioner, of the paper. Their chief escort was a Catholic priest, who was found most efficient as a guide and protector, even in districts where a policeman dare scarcely show his face. It is but right here to state that this priest had lately recovered from fever of three months' duration, that in the same neighbourhood this year Father MADDEN has died of fever, and that while he lay dead another priest sickened and died. One of the most serious features of these papers is the repeated statement that in these regions of squalor scarcely a trace of any religion survives but that of the Catholic Church. With terrible plainness and satire the commissioners, not themselves Catholics, say, "The Protestant churches apparently have no machinery for penetrating so far beneath the surface of snug respectability." We must leave this indictment to be answered—as we hope it will be—by the Protestant churches of Liverpool, and content ourselves with specifying a few of the most striking statements in the reports, which reflect as much on the sanitary authorities of Liverpool as they do on the Protestant churches. We can only single out a few of the indications of misery. Children seen ill with scarlet fever, to whom no doctor has been called; the early disappearance of childhood in the young and of childish happiness; "blind" houses in a state of crumbling decay, with fixed windows made not to open; houses, "without gas, as a matter of course," and lighted from an outside lamp. In all the peregrinations of the commissioners in these regions of misery they only encountered one flower, a geranium, and by the side of it, "on a few rags spread on what looks like a box, lying, never to rise again, is an old woman, whose life is quietly ebbing away." In Scotland-road the commissioners say that squalor has reached its lowest depth. The houses are in a condition of utter wreck, and cannot last much longer; the people are more uncivilised, more dangerous, ignorant, and drunken than anywhere else. The commissioners credit the School Board with more power than the sanitary authority; but they allege that the children on leaving school soon forget what they have learnt. In Henderson-street the commissioners say no one could live long and avoid fever, and they blame for this state of matters a divided responsibility in sanitary matters. In Ben Jonson-street there is a population of about a thousand people; it is regarded as the worst street in the city. "I could point out," said one of the protectors, "six men who work for a living in this street. There is not another honest man here; the rest are thieves and vagabonds. The women, at least such as are not too old, are——you know what." As to the rents of such property as this, the commissioners make the suggestion that in any estimate for buying it regard should be had not to the nominal rent, but to the rent actually received. An outspoken agent said: "My book shows a weekly rental of £8. I never get more than £2, and think myself lucky if I can extract a shilling from tenants of a three-shilling house." This hint cuts two ways. If it moderates our estimate of the profits of the owners of this property, it shows the purchase of it for public purposes to be more practicable than we have been apt to imagine. The tragical climax of squalor and misery of these districts comes out in lurid distinctness by the illumination of the gin palaces on a Saturday night. We leave this chapter to be read by those interested—and what Englishman is not?—in the papers which will be found in the *Liverpool Daily Post* for the 6th, 7th, 8th, 9th, and 10th of November, which will qualify any happy delusions as to the improvement in the worst parts of Liverpool.

Annotations.

"Ne quid nimis."

HOSPITAL SATURDAY AND ITS DEFENDERS.

WE have taken some little trouble to inquire into the facts adduced by Mr. Hamilton Hoare in support of the Metropolitan Hospital Saturday Fund in his reply (*The Times*, Nov. 10th) to Mr. Burdett's exposure of the many fallacies which at present attach to its management, and we regret to find they have no more solid basis than Mr. Hoare's imagination. For instance, Mr. Hoare asserts that the expenses of the Fund are but 10 per cent., and that the working classes contribute 18*s.* out of every pound raised on Hospital Saturday. The last published report of the Hospital Saturday Fund proves both these statements to be erroneous. The expenses of the Fund for the last collection of which the results are known, amounted to 13·93 per cent., the average expenses for the last nine years being in round numbers just 20 per cent. of the gross sum raised. No hospital could exist as a charity supported by voluntary contributions if it spent £20 out of every £100 in management, as the Hospital Saturday Fund has done on an average every year since it was established. Again, the working classes not only do not subscribe 18*s.* out of every £1, but as a matter of fact, in the year 1882, they subscribed only about 15*s.* of each £1 represented by the gross total. Nor is this all, for the Hospital Saturday Fund has each year received proportionately less from the workshops and more from the street collections, and other "adventitious aids." Thus in the first year of the collection, 1874, the working men subscribed through the various workshops 19*s.* 2*d.* out of every £1 raised, whereas last year they only contributed about 15*s.* 6*d.* This shows that the working classes in London are holding aloof from the Hospital Saturday Fund. Again,

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although £5883 was received in 1874 from *employés'* sheets and workshops, the sum derived from this source in 1882 amounted to only £6710, or to an increase of about £800 in nine years; whereas the street collections have increased nearly nine times, or from £258 in 1874 to £2151 in 1882. Mr. Hoare further states that the Hospital Sunday Fund reduces the list of donors and subscribers to the hospitals, whereas no such charge has been urged against Hospital Saturday. This general statement against the Hospital Sunday Fund is not founded upon fact, as all the evidence points in the opposite direction; whereas in the case of the Hospital Saturday Fund instances might be adduced—as for example the collection of £105 for the Victoria Children's Hospital, Chelsea—where the Council have tried to take funds raised specially for one hospital, and to apply them to the general purposes of their fund. A meeting of the Council of the Hospital Saturday Fund is to be held on the 24th inst., and we hope Mr. Hoare will take that opportunity of explaining the cause of the inaccurate statements we have here called attention to. In any case we are convinced that it is a mistake to continue the Hospital Sunday and Saturday Funds in London as separate organisations, especially as the expenses of the latter are out of all proportion to the requirements of the case, and the sooner the former absorbs the latter undertaking the better. In Manchester and Liverpool the amalgamation of these two funds has produced good results; and the maintenance of Hospital Saturday as a separate organisation in London is, we are convinced, an unmixed evil.

THE LATE DR. HILTON FAGGE.

IT is with profound regret we record the death of Dr. Hilton Fagge, which occurred on Sunday last. Dr. Fagge was known to have a cardiac bruit for about a year and a half, and shortly afterwards an aneurism of the aorta. After due consideration he determined to give up his hospital for some time and avoid all exertion, but go on with practice and the literary work in which he was engaged. At the time of his death he was on strict regimen and was taking medicine. As late as Thursday, the 15th inst., he was present at the M.B. Examination of the London University. On Friday he was so unwell that the candidates were sent to his residence for *viva voce* interrogation, and scarcely had he completed his report of the results of the examination when he was called to his rest, full of honours, but, alas, not of years. Dr. Fagge had no superior and few rivals in thorough all-round acquirements. His work and writings on cardiac and intestinal affections were examples of precise clinical observation and logical inference; whilst he had long taken a foremost position amongst dermatologists. At the London University—of which he was a distinguished graduate—he had earned the reputation of being a "perfect examiner," sparing no pains to ascertain the knowledge of candidates, and being scrupulously exact and fair in his decisions. In our next number we shall publish a full obituary notice of the deceased physician. Meantime, we may mention that the funeral will take place to-day (Saturday) at Norwood Cemetery; the *cortège* will leave Grosvenor-street at 2.15 P.M., and is expected to reach Norwood at about 3 P.M. Doubtless a large number of past and present students of Guy's Hospital and other friends will avail themselves of this opportunity of paying the last tribute of respect to one so universally esteemed and beloved.

The following resolution was passed at a meeting of over 300 Guy's students, held on Tuesday, in the anatomical theatre: "That this meeting of Guy's students do request the senior house-surgeon and house-physician to convey to Mrs. Fagge their heartfelt sympathy with her in her bereavement, and desire to express their sense of the great loss which they, as students, and the profession generally, have sustained in the death of one who was so eminent a physician and so kind a teacher."

THE PSYCHOLOGY OF CHESS-PLAYING.

MR. BLACKBURNE, the renowned chess-player, has been recruiting his health by a stay at the popular Northumbrian resort of Tynemouth. Last week he felt so far restored as to give the Newcastle chess-players another opportunity of witnessing his prowess in this thoughtful and scientific game. At the Art Gallery in Newcastle, he offered to play a simultaneous game against all comers. In response to this cartel twenty-two combatants with boards and men put in an appearance to do battle for the locality; these were, with one exception, all male players. After several hours' play, nineteen of the games fell to Mr. Blackburne, one was drawn, and one was unfinished; while a South Shields player, Mr. F. Dorney, claimed the only victory on the side of the amateurs against Mr. Blackburne. The next day the latter gentleman played blindfolded against eight players selected by the Newcastle and Gateshead Club, carrying on the games simultaneously for six hours, the result of this tournament being that five games were won and one lost by Mr. Blackburne, while two were drawn. Sipping coffee and smoking cigars seemed to be the only aids he required in his meditations. He made sixty moves per hour against eight players—a remarkable number, when it is remembered that in an ordinary game the number of moves required by the laws of chess is twenty. Our Newcastle correspondent sends us some interesting particulars as to the mental *modus operandi* of this celebrated player. Mr. Blackburne, he says, has *not* a mental picture of the boards and men, but he plays in accordance with certain rules, and remembers the order of succession. This order remains almost permanently on his brain. If the moves on the boards were perfectly irregular, he could not remember them. Precisely how he remembers he does not know, but he can, even at a distance of years, recall nearly all his games, and with certainty his chief games. He can converse when he is playing, and yet retain upon his mind the order of the game. He has a fixed remembrance of localities and numbers. He has no strong mental aptitude beyond localities, form, number, and succession. When he has finished a series of games, however stoutly contested they may have been, he does not exhibit any symptoms of fatigue or mental exhaustion, showing plainly that what may be considered "death" to them—from the chess-players' point of view—is sport to their redoubtable antagonist.

THE USE AND ABUSE OF THE MACKINTOSH.

THE season has set in for wearing mackintoshes. A caution may be therefore not unnecessary, and let us hope, not unheeded, as to the use and abuse of this serviceable, but, when improperly employed, dangerous, article of clothing. When once a mackintosh is put on to defend the body from wet, it should on no account be taken off until the wearer has not only taken shelter, but is in a position to change his clothes. What a covering of oiled silk does for a wet rag in surgery—namely, convert it into a poultice—the mackintosh does for the clothes of its wearer. The insensible perspiration which finds a way of escape through ordinary clothing is kept in by the waterproof, and the clothes are saturated with moisture. A very few minutes will suffice to render the under-clothing "damp" under a mackintosh, particularly if either the wearer perspires freely, or the weather be what is called "muggy" as well as wet. When, therefore, the wearer of a mackintosh takes off that article of clothing because it has ceased to rain, he is in the position of a person who has damp clothes on, and if he sits in

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the saddle, or walks home, or rides in an open trap, he is more likely to take cold than if he had not used the mackintosh at all. If therefore, we say, a mackintosh is once put on, it should on no account be removed until the clothes can be changed or dried by a fire without reduction of bodily temperature. The use of a mackintosh is to protect a man from a severe storm of rain. His clothes *must* be damp if he wears one of these protectors. The sole gain from using it is to render the moisture warm instead of cold, and to prevent loss of heat by evaporation. If the mackintosh be removed, evaporation commences immediately, with all the consequent risks of that process.

FOOTBALL ACCIDENTS.

QUITE an epidemic of football accidents occurred last Saturday, both at Oxford and Cambridge, owing, it is stated, to the slippery condition of the ground induced by the recent heavy rains. Although we have had occasion frequently to notice severe and fatal accidents caused by this game, we have rarely had to comment on so serious a list occurring among members of first-class teams. As a rule, the majority of severe and fatal accidents have happened among players of no great celebrity, where violence is too often substituted for real skill, and rough play for the finer touches of the game. It is in these matches that we hear of death from rupture of the abdominal viscera, injuries to the spinal cord, blows on the chest causing syncope and even sudden death. We are pleased to see, however, even in the portentous list of casualties presented to us this week as occurring at Oxford and Cambridge, that none of the injuries received were of this nature, nor could be directly attributed to undue violence, the fractured legs and sprained ankles being, no doubt, caused, as stated, by the slippery nature of the ground. Had the players been boys instead of young men nearly full grown it is probable that these casualties would not have taken place; for boys fall lightly, and besides are able to keep their footing on greasy ground far better than grown men. We have so often expressed an opinion that football is not a suitable game for full-grown adults, and have shown that the number and severity of the accidents increase proportionately with the age of players, that we need not discuss the matter again on the present occasion. But we would earnestly impress on those who are responsible for the management of these contests the necessity of taking into consideration the state of the ground when a match is to be played so as to minimise the ordinary risks of the game as much as possible. Such avoidable accidents as occurred last Saturday do much to discredit the game and raise a feeling of opposition to it in the minds of many who are otherwise supporters of athletics.

IS THE EXECUTIONER RIGHT?

IT is stated in the newspapers that Binns places the eyelet of the rope with which he hangs his victims at the back of the head, whereas Marwood placed it under one ear. The effect of Marwood's method—*sometimes* at least—was to fracture the odontoid process of the axis, or perhaps to rupture the ligament which confines that process in its incomplete socket. The third cervical vertebra was most generally broken. The effect of the method adopted by Binns will more likely be to jerk the cranium suddenly forward on its axis, and thereby to stretch the medulla. Those who witnessed the demonstration given by Professor Brown-Séquard when the Medical Congress met in London will remember that the physiological effect of this jerking of the head forward and stretching of the medulla was shown to be first, arrest of the respiratory movements; and, second arrest of the heart's action; but, and this is the important point—as soon as the pressure was taken off, the movements of lung and heart were resumed. Now, it is worth considering, in the interests of humanity, whether any such resumption of the functions of life can possibly occur in the case of persons hanged by the new method adopted by Binns. We do not assert that this partial recovery does occur, but it is right to inquire into the possibility. The doubt arises, on recognition of the fact that immediately after the thrust forward of the head produced by the jerk of the "fall," there must needs be a relaxation of the posterior fibres of the medulla consequent upon rectification of the line of gravity when the dead weight of the body overcomes the first effects of the "jerk." In a word, the thrust forward is not maintained. It is only a momentary consequence of the fall. It is therefore possible that the heart may resume its functions, for a time at least, as soon as the jerk is over. The effort to resume breathing is not likely to be successful owing to the strangulation of the rope; but it would be satisfactory to feel sure that there is not a momentary renewal of consciousness and suffering when the weight of the body rectifies the jerk. The "appearance" after the body has been cut down can throw no light on the matter. We have no wish to create any unnecessary feeling of alarm on this subject, but we think the question suggested is one that ought to be considered by competent persons in the light of the physiological phenomena demonstrated by Brown-Séquard.

AGENTS DESTRUCTIVE OF BACTERIA.

CONTINUING his studies on the toxic action of various metals on fishes, M. Richet has been led to inquire into the action of metals on bacteria with a view to institute comparisons. He has found that the toxic dose for fishes is always less than the dose which prevents the development of bacteria. Generally speaking, the toxic dose is twenty times less strong. The salts of ammonium, lithium, and potassium were extremely harmful to fishes and other animals, whilst they may be reckoned as innocuous for vegetables and bacteria. Poisons may be arranged in two classes. Universal poisons, of which mercury is the most perfect type, are those which destroy both animal and vegetable life; and special poisons are those which—like lithium, potassium, and ammonium—destroy the one but not the other. The alkaloids may be placed in this latter class. It is possible that the difference may be explained by supposing that the animal poisons only affect nerve cells, whilst zinc, cadmium, copper, and other metals act on all organised protoplasm. The obvious suggestion made by M. Richet, that in this difference of behaviour we may have a means of distinguishing the members of the vegetable from the animal kingdom, is, perhaps, a little loose or wild.

POLLUTED WELLS AT CANTERBURY.

ACCORDING to a contemporary, a recent outbreak of diphtheria has had the effect of drawing the attention of the Town Council of Canterbury to the circumstance that water within their district is still drawn from wells and that the wells are contaminated. It seems curious that the fact should not have been well known and adequately dealt with before the occurrence in question, for it is impossible to conceive that any ordinary wells sunk in the soil in which the inhabitants of this city have lived for generations past could have afforded any other supply than one either obviously polluted or subject to obvious sources of pollution. However, better late than never; orders, it is stated, have been given to have the condemned wells closed. With such a public water service as Canterbury possesses, there can be no justification for local wells within the city.

CERTIFICATES UNDER THE PUBLIC HEALTH (WATER) ACT.

THE duties of medical officers of health in connexion with the granting of certificates under the Public Health (Water) Act, 1878, with regard to newly-erected houses in rural districts has just been the subject of discussion at a meeting of the Isle of Wight rural sanitary authority. It appears that certain premises had been illegally occupied without a sanitary certificate from the authority, but that, after occupation, Dr. Groves, the medical officer of health, was applied to for such a certificate. He then ascertained that owing to the proximity of the well to the cesspool there was danger that the water might become contaminated, and hence he declined to grant any certificate. He, however, admitted that the circumstances of the case were such that had he been applied to before the occupation commenced he should have felt compelled to give a certificate. On this the chairman of the authority, supported by others, maintained that it was no part of the duty of the medical officer of health to use as a "lever" for the purposes of getting sanitary defects remedied, the fact that persons had made default in occupying the premises before the issue of the certificate required under section 6 of the Act referred to, whereas other members of the authority considered that Dr. Groves had only exercised the discretion which should be allowed to him, and that the Act would be perfectly useless if, with a knowledge of the existence of conditions which would necessarily tend to injury of health, their officer were compelled to grant certificates, and then quietly to await the evils which he had foretold before requiring the adoption of remedial measures. The chairman, however, finally decided that the medical officer of health would be bound to grant a certificate so long as the water was not polluted, even though it were in dangerous proximity to sources of filth pollution. This decision is one which we find difficulty in understanding; for even assuming the chairman to be in the main correct as to the need of awaiting the pollution of the water before taking any proceedings, it seems to us that it is he and his authority who must take the responsibility of granting the certificate, and not the medical officer of health. The section we have referred to states that the certificate must be procured from the authority, and it is for them to judge "on the report" either of their medical officer of health or of their inspector of nuisances whether there is "an available supply of wholesome water." The object of the section is clearly to avoid such dangers as would necessarily occur if a certificate were granted in such a case as the one in question, and the duty of the medical officer of health seems to us to be that of warning the authority against the results of granting the certificate, and then to leave to them the responsibility of acting on his advice or of discarding it.

A STOCKHOLM HOSPITAL.

WE have received a copy of the report of the *Sabbatsbergs Sjukhus* in Stockholm for the year 1882. It is edited by Dr. Warfinge, director and physician to the hospital, and is drawn up much on the same lines as the registrars' reports of our London hospitals. In addition to the statistical tables from which we learn that during the year there were 2724 patients, 1696 being medical, 920 surgical, and 208 gynæcological cases, there are special reports on subjects of interest arising in each department. Dr. Warfinge, for example, details the particulars of several cases of pernicious anæmia, leukæmia, and pseudo-leukæmia, with especial bearing on the treatment of these affections by arsenic, and their pathological relations. Dr. Svenssen contributes accounts of some of the more interesting surgical cases, including one of gastrostomy for cancer, five cases of colotomy, five of lithotomy, cases of cystotomy in chronic cystitis, tubercular cystitis and enlarged prostate, nerve-stretching, and other matters. Dr. Warfinge also writes on the antiseptic treatment of infectious diseases, especially of typhoid fever, advocating the administration of carbolic acid in the latter disease. Lastly, Dr. Netkel reports upon the gynæcological department.

FRACTURE OF THE PATELLA.

THE treatment of fracture of the patella has been under discussion at the Société de Chirurgie much about the same time as the debate at the London Societies. M. Beauregard had performed the operation of osseous suture on a man, aged thirty-four, the day after the accident, which was due to a kick from a horse. The result was not very good. A considerable degree of anchylosis remained, which seemed to be due to extensive adhesions formed as a result of the inflammation set up in the joint. The small size of the lower fragment of the patella was also thought to have influenced the result. M. Chauvel had collected forty-three cases of the operation in question. Four of these had been performed without antiseptics, before 1877. In two-thirds of the total number of cases the bony suture was performed soon after the accident. The operation was not always easily carried out. Sometimes one, sometimes two sutures were used. Metallic wires seemed to be preferred. In twenty cases a notable degree of inflammation was set up, but without causing further disturbance. Thirteen times no mischief was excited about the joint; osseous union was certainly obtained fourteen times, and twenty-four times out of thirty-one consolidation of the fracture was said to be good. Out of thirty-eight cases, twenty-eight were good results, and ten were not successful. Three deaths were recorded, two from septicæmia and one from carbolic acid poisoning. In one case amputation of the leg was performed. In the discussion which followed the paper, of which the above are the main features, several surgeons took part, but nothing was said which would be new to our readers.

THE HOUSING OF THE POOR IN BRISTOL.

IT is satisfactory to find that Lord Salisbury's article has given a great stimulus to the Press in different places to give its own reports on the dwellings of the poor. We refer elsewhere to the state of Liverpool. We have now to mention some interesting reports on the homes of the Bristol poor, which are being published in the *Bristol Mercury*. They contrast very favourably with the account given by our Liverpool contemporary of the state of things in Liverpool. Bristol has succeeded in raising its average health so much that its death-rate is almost the lowest of the large towns and the fever mortality has been greatly reduced. The result is the more interesting as its medical officer lately gave the following account of the city and his sanitary principles:—

"I here represent a city of sanitary anomalies—a city of over 212,000 inhabitants, where all the sewers are unventilated—a city in which all the storm waters run into the public sewers and flushes them—a city the medical officer of which is an utter disbeliever in the pythogenic origin of disease, and yet a city in which the general rate of mortality, as well as the rate of mortality from zymotic disease, is lower than any other town of its population in Europe, and in which the deaths of infants in proportion to the births is lower than in any town in England except Derby."

The authors of these interesting reports, Commissioners of the *Bristol Mercury*, attach the greatest importance to Light, and state that the degree of light in a court or in a house almost determines its respectability. They testify, as the Liverpool Commissioners do, to the strong hand which the School Board has on the children, but also to the pre-

mature failure of the brightness and healthiness of childhood in the squalid districts. The improvements effected in the health and the houses of the Bristol poor are naturally made the most of. Some people seem to think that the account is a little too rosy. But the qualifications are not wanting, and more are yet to come. There is not the same note of despondency as to the sufficiency of Christian civilisation to grapple with misery which we have noted as such a striking feature in the Liverpool papers.

SIR WILLIAM SIEMENS, D.C.L., F.R.S.

THE somewhat unexpected death of this eminent man of science has robbed the age of one of its most characteristic products. It would be difficult to say whether Sir William Siemens was more a man of business or a man of science. His fertile brain produced invention after invention, and it was the peculiar feature of his genius that each fresh outcome of his inventive power had some practical bearing on the arts. Sir William Siemens brought the German mind and a scientific education to bear on English manufactures. He will not be remembered as a great enunciator of principles; he has no claim to stand in the same rank with Newton or Young, with Graham or Faraday, with Grove or Darwin. He was well educated, quick witted, and saw further than most men into the practical bearings of scientific advances. His head turned alternately to the laboratory and the workshop. He knew, none better, all the domains of pure science. He was not tainted with the cant that affects to despise utility. His mind incessantly asked "*Cui bono?*" and the answers he received will be found in the numerous inventions which are associated with his name.

AVIAN TUBERCULOSIS.

AMONGST the various subjects before the Pathological Society on Tuesday last, there was none which, from a pathological point of view, was of greater importance than the communication by Mr. Sutton and Dr. Heneage Gibbes, upon Tuberculosis in Birds. Unfortunately it came on at the close of the meeting, so that no discussion arose out of it; and it is to be hoped that when the promised further report is presented time will be allowed for an adequate amount of comment. The number and variety of birds attacked by this disease, which were examined by Mr. Sutton, and the detection within the diseased organs of a bacillus undistinguishable from that believed by Koch to be distinctive of tuberculosis, lend great interest to the inquiry. Dr. Ribbert of Bonn, in a much more limited field, arrived at the same results, and his research, which was made subsequent to the commencement of Mr. Sutton's inquiry, has been previously noted in these columns (THE LANCET, 1883, vol. ii., p. 190). Three distinct points in reference to this disease came out from the facts laid before the Society by Mr. Sutton and Dr. Gibbes. The first is, that although in grosser anatomical features the lesions differ markedly from those of human tuberculosis, yet, histologically, the resemblance is close, and in the universal presence of the bacillus apparently complete. Precisely the same may be said of the relation between bovine tuberculosis and the human disease; and, granting Koch's assumption that the bacillus is the test of tubercle—a postulate which is not yet universally accepted—the significance of the resemblance is apparent. Another fact is the singular limitation to the granivorous species of birds, associated with the almost general starting-point of the disease being in the alimentary canal. Dr. Ribbert's testimony here also comes in confirmation; and the suggestion is unavoidable that there is some connexion between the ingesta and the morbid change—that the virus, in other words, enters the body with the food. Lastly, and in striking parallelism with the foregoing, is the evidence obtained of the transmission of the disease to animals fed on the tuberculous tissues of the bird. It is obvious, then, that several points are raised in connexion with this subject which have a very wide bearing indeed, not only upon the pathology of tuberculosis and the precise significance of Koch's discovery, but upon the far more important matter of the transmission of disease through food. The Pathological Society of London will do well to encourage the further prosecution of the subject, and to initiate a debate upon tubercle which may prove as valuable in enlightenment upon the infective characters of the disease as the debate of 1873 was upon its anatomy.

SCHOOL CLOSING AND INFECTIOUS DISEASES.

IN his recent annual report, which we notice elsewhere, Mr. T. J. Dyke, medical officer of health for Merthyr-Tydfil, summarises, as the result of a somewhat recent striking experience, his views as to the question of the closure of schools as a means for preventing the spread of the contagious fevers, as follows: "1. Whenever any scholar is ascertained by the master or mistress of a school to be ill of any such disease, the children from the household from which the affected child comes should be excluded from school, in accordance with the second part of the 98th section of the Minute of the Education Department. 2. If many cases of such contagious disease are known to exist among the scholars, then all infants under five years of age should be forbidden to attend school for thirty days. 3. If still, after an interval of fourteen days, the malady should spread, then the infant department should be closed for thirty days. This action, in the majority of instances, combined with the exact observance of the order for exclusion of all children coming from infected houses, will, in my opinion, be sufficient to put an end to the epidemic. 4. If, however, the contagion should have been allowed to spread widely before the adoption of the means suggested, then the closure of all schools, Sunday as well as week-day, should be strictly enforced." We may note that, although Mr. Dyke refers to contagious fevers generally, yet his experience was specially based on an epidemic of measles—a disease which has a period of incubation of about a fortnight, and mostly affects infants. The principles, however, which he lays down may well be applied to other infectious diseases.

CHARGE OF LIBEL AGAINST THE EDITOR OF THE "PIONEER."

THE editor of the *Craven Pioneer* for West Yorkshire and East Lancashire was on Saturday, Nov. 3rd, put upon his trial for an alleged defamatory libel. The magistrates dismissed the case under the fourth section of the Newspaper Libel and Registration Act, 1881, they being of opinion that "there was strong or probable presumption that the jury on the trial would acquit the person charged." It appears that Dr. Empy, a Canadian graduate, who had formerly acted as assistant to Dr. Macnab of Crossfields, intended to start in practice on his own account. A notification to that effect was published in the *Pioneer*, at the instance of one of his friends. The libel complained of was contained in a letter written by another person, the purport of it being to show that Dr. Empy had no medico-legal status in this country, he not being registered under the Medical Act. The defence set up was that the course taken by the editor of the paper was for the public good, and that the statements were true in substance and in fact. It came out at the hearing that not only had the prosecutor practised his calling, but that he had also charged fees and signed certificates, a clear contravention of the terms of the Medical Act. In our opinion the defendant was quite justified in what he

did, especially as he had allowed the notice from Dr. Empy's friend to appear in his paper. To the outside public that notice could only read as an advertisement of Dr. Empy's claims upon their patronage, without conveying the information of his professional standing. Dr. Empy may be, for aught we know, a skilful practitioner, but this has nothing to do with the matter in dispute. The case, in our opinion, is important in its bearing upon the general question of the admissibility of persons to practise who do not possess a registered diploma.

THE DUKE OF CAMBRIDGE ON CHARITY.

THE Duke of Cambridge has sounded a thoroughly sensible and much-needed note, in opening a soup-kitchen, to the effect that we must not be hindered in relieving people less fortunate and comfortable than ourselves because occasionally our charity will be abused by the undeserving. He thought it was better to err a little in the wrong direction than not to do good to those who were in want from no fault of their own. We heartily endorse the remarks of His Royal Highness. When it is so much the fashion to apply a microscope to the merits of the applicants for charity, richer people might well question how many of their mercies they owe to their own merit.

THE MEDICAL SCHOOL AT HARVARD UNIVERSITY.

THE new buildings of the Medical School at Harvard University were opened and the centenary of the foundation of the school was celebrated on Oct. 17th, when numerous visitors, including Sir W. Mac Cormac and Sir Lyon Playfair, were present. The feature of the day was the address delivered by Professor O. Wendell Holmes, which appears in the *Boston Medical and Surgical Journal* for October 18th. Like all that comes from the pen of this veteran, it was vigorous and manly, abounding in liberal ideas and in a hearty optimism. He commenced by alluding to the state of medical knowledge when the school was founded, and thence passed in review his own personal experiences of medical education in Boston and in Paris half a century ago. Then he contrasted the present with the past—the decline of unlimited faith in drug treatment and the growing attention paid to details of nursing the sick. Coming to speak more particularly of the new school they had opened and of the studies to be pursued in it, he eloquently vindicated the study of anatomy from the baseless attacks that had lately been made against it—a defence which, coming from one who so long held the chair of anatomy in the school, was all the more emphatic and forcible. In the course of the proceedings a portrait of Dr. Holmes and a bust of Dr. Bigelow were unveiled amidst much enthusiasm.

A NEW TREATMENT FOR NEURALGIA.

THE latest agent introduced for the relief of neuralgia is a 1 per cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the patients had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than 200 times, whilst for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgiæ to medication, but if it really prove to be as efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.

DISLOCATIONS IN ACUTE RHEUMATISM.

WHATEVER may be the mechanism of the occurrence, there seems to be no reasonable doubt that dislocations do sometimes happen in the course of an illness which cannot be called by any other term than rheumatic fever. There is no suppuration in the luxated joint, neither is there any alteration of shape of the articular opposed surfaces. The dislocation takes place more or less rapidly, and generally occurs when the limb is in a "vicious" position. It is very likely that a certain amount of hydrarthrosis and inflammatory softening of the joint tissues accompanies such cases, but it is doubtful whether either of these conditions is absolute necessary. It may be that, owing to the diseased state of the joint, the customary co-ordinate support of the muscles is wanting, and that as a result of the inordinate action of a certain group of muscles, when the limb is in a "vicious" attitude, the dislocation may be brought about. At all events the accident can hardly be considered as one of great rarity. M. Verneuil recently read notes at the Société de Chirurgie of seven cases which had come under his care. The paper was followed by some discussion, into which the luxations, which are sometimes witnessed in locomotor ataxy and other nervous diseases, were dragged.

AMERICAN VERSUS ENGLISH DENTAL EDUCATION.

THE President of the American Dental Society of Europe, at their meeting at Cologne in August, made the following remarks during a discussion on the causes of failure of gold as a filling material.

"I am an examiner at one of the dental hospitals in London, and I have been surprised and pleased to remark the excellence of the operations made by the students. This skill in operating is accompanied, as you all know, by a most thorough theoretical knowledge. I have myself passed seven different medical examinations. The easiest of these was that for M.D. at the University of New York. My subsequent examination for D.D.S. at the Philadelphia Dental College amounted to absolutely nothing; and I am convinced that the English system of education, combining, as it does, thoroughness both in theory and practice, must in the long run triumph over the American system."

Without entering upon a discussion as to whether or not the English system can be improved, it is satisfactory to find that it is thus highly estimated by a leader of the American dentists.

DEATHS FROM ERYSIPELAS AFTER VACCINATION.

THE *Suffolk and Essex Free Press* gives an account of an inquest held upon the body of a child who died from erysipelas shortly after vaccination. The report is not very intelligible, but it appears that two children named Elliston and Griggs were on October 16th vaccinated with lymph from a child named Brown; other children were vaccinated elsewhere with the same lymph and progressed satisfactorily, and the two former remained well until their visit to the vaccination station on October 23rd. One of them on that day supplied lymph for the vaccination of two other children, and was noticed by the mother to have a swollen face at the time of leaving the station. Subsequently the vaccinifer and one of the vaccinees died from erysipelas as well as the other child vaccinated on October 16th. In the absence of exact information we forbear to comment further on this case, but we note that the lymph was taken from the vaccinifer on an ivory point, and that a person resident in the house which was used as a vaccination station was suffering from a suppurating wound. It is obvious that the introduction of erysipelas might become a possibility under the circumstances which

are brought to light, but at the present moment there is no evidence to show the part which any or all of them may have played in this catastrophe.

MESSRS. BOWER AND KEATES.

A CROWDED meeting of the patients of Messrs. Bower and Keates was held on Tuesday at St. Paul's Parochial Schools, East Dulwich, with reference to the recent proceedings in the Lambeth Police-court. The following resolutions were carried unanimously: "That this meeting desires emphatically to express its unabated confidence in the medical skill of Drs. Bower and Keates, and to assure them that the good opinion entertained by those present, and, as it believes, by the large circle of their patients, was not in any way diminished by the aspersions cast upon their professional character." Secondly: "That some tangible proof be given of the sympathy expressed in the former resolution." A considerable sum was subscribed at the time, and a subcommittee was appointed to further act upon the second resolution. We understand that the expenses of Messrs. Bower and Keates at the civil and criminal trials amount to something like £1000. These gentlemen have rendered a valuable service to the profession by, fearlessly and regardless of cost, meeting the charges preferred against them. It is with much pleasure that we accede to a request to open a subscription list in these columns; and we trust the appeal will meet with a liberal response.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE fact that about one-third of the papers read before the Royal Medical and Chirurgical Society last session has not found a place in the Transactions not only testifies to the care with which the referees perform their unenviable task, but also suggests the advisability of authors making more use of the "Proceedings" as the medium of publication of their papers, especially those which are contributed rather with a view to eliciting opinion in debate than as exhaustive and complete memoirs. Now that the Society has undertaken to publish discussions in the "Proceedings," it seems a pity that the papers upon which the debates arise should not also appear *in extenso;* but the decision of this should rest with the writer.

STRANGE DEATH AT BATH.

A DEATH under what cannot but be regarded as especially strange conditions and amid unusual circumstances occurred last week in the swimming-bath at Bath. An inquest was held, without hearing medical evidence, and the meaningless verdict "Found dead" was returned. What does it all mean? Who was the medical man who saw the deceased, and why did he not give evidence? The case is left in a most unsatisfactory position. If there be no ground for applying to the Secretary of State to have another inquest held, there certainly is great and grave need of an explanation.

LEPROSY AT THE CAPE OF GOOD HOPE.

A SELECT Committee appointed by order of the House of Assembly to inquire into and report upon the spread of leprosy have come to the following conclusions:—That leprosy prevails extensively in the colony and is steadily spreading amongst both white and coloured classes; that no efficient steps have been taken to prevent the spread of this loathsome disease; that the committee believes that the disease may be arrested and ultimately stamped out altogether; that for the accomplishment of this object an Act for the compulsory segregation of all lepers is necessary, and the establishment of leper institutions in suitable localities where perfect isolation can be secured. The Rev. Canon Baker has appended some remarks to the report. This gentleman is convinced that the affection is contagious and hereditary, also that dried fish and dried flesh, with insufficient supply of milk and vegetables, are potent agents in the production of this serious malady.

A COWMAN ATTACKED BY FOOT-AND-MOUTH DISEASE.

A CORRESPONDENT of the *Live Stock Journal* relates a case of foot-and-mouth disease in the human subject as having recently occurred at Market Drayton. The patient, a cowman, appears to have been inoculated in the mouth with the virus from an animal to which he was administering a drink. The report says: "His mouth has been one mass of sores, which apparently have been continued throughout the whole interior of his body, and now he is breaking out in similar ulcers on the legs and feet." He has been attended by three medical men, and the above statement is made on the authority of one of them. In our leader of Sept. 29th on the "Use of Milk from Cows suffering from Foot-and-mouth Disease" attention was drawn to the fact that several cases of infection from animal to man had been recorded. If the one under consideration is well authenticated—and there seems no reason to doubt this—there is additional evidence of the risks incurred by persons who have charge of diseased cattle. Collective investigation could scarcely fail to give some valuable information both as regards the frequency of communication to man and the variation and course of the symptoms.

DIPHTHERIA IN ANGLESEA.

DIPHTHERIA is stated to have broken out in the village of Bodfod, in Anglesea, six cases having already terminated fatally. The sanitary condition of the village is referred to as being deplorable. Some four years since diphtheria was so prevalent in the Holyhead division of the island as to lead to an official inquiry, and off and on since that date deaths from diphtheria have frequently recurred. Thus, during the corresponding quarter to this one in last year, eight deaths from diphtheria were registered in the island; indeed, the three months ending September last make up the only quarter that, for some considerable time past, has been free from fatal attacks of this disease.

UNIVERSITY INTELLIGENCE.

AT Cambridge, a congregation was held in the Senate House last Thursday, the 15th inst., when a report of the Special Board for Medical Studies, amending the regulations at present in force with regard to the degrees of Bachelor of Medicine, Bachelor of Surgery, and Master of Surgery, was presented. At the same time the Special Board for Biology and Geology recommended that the usual sum of £300 be again voted for the purpose of providing additional teaching for classes in Animal Morphology during the academic year. Both reports were confirmed.

MR. J. E. BARTON, medical superintendent of the Brookwood Asylum, writes to the *Surrey Advertiser*, to impugn the accuracy of published statements with regard to the escape of three patients within a fortnight from the establishment of which he has charge. Mr. Barton states that the only foundation for the report would appear to be that a female patient escaped three weeks ago, and has not yet been recaptured. He believes the risk of occasional escapes is outweighed by the great benefit derived by patients from out-door employment.

AFTER having waded through four years of not enjoyable existence, the *Archives of Laryngology* has come to a timely end. The editors do not complain that adequate support has not been forthcoming; they simply think it best to withdraw for the present a special journal which does not seem to be needed. We entirely agree with this frank opinion. There certainly seems to us to be no good grounds for the existence of any Archives of Laryngology. New discoveries in diseases of the larynx can scarcely be of frequent occurrence; new methods of treatment may be numerous but questionably valuable. The journals of general medicine and surgery will no doubt have strength enough to meet the necessary demands on their space for any contributions of laryngological value.

AT a meeting of members of the Metropolitan Poor-law Guardians' Association, held on Wednesday last, the subject of the management of workhouse infirmaries was discussed. The question, which was introduced by notes supplied by Mr. W. Bousfield, is one of great interest, and we shall have something to say next week upon several of the points brought forward at the meeting.

WE understand that in the action by Mr. Wheeler, President of the Royal College of Surgeons of Ireland, against the Government to recover the sum of £1147, medical fees for attending by Government request Mr. T. S. Carter, who was shot in March, 188?, near Belmullet, a judgment has been given in favour of Mr. Wheeler.

ON November 13th, 1883, after consultation with Dr. Sturges, Mr. Richard Davy removed by post-peritoneal procedure a large left fibro-cystic kidney from a man aged fifty-three. The albuminous urine has ceased since the day of operation, and the man is making a good recovery.

AT St. Thomas's Hospital, on Nov. 7th, Mr. Sydney Jones excised the isthmus of the thyroid in a patient with a large goitre, where there was considerable dyspnœa. In this case a marked diminution of the size of the swelling has already occurred.

ON Nov. 14th Mr. Knowsley Thornton performed his sixth successful nephrectomy by abdominal section at the Samaritan Hospital. The case was one of sacculated scrofulous kidney (right), the symptoms being chiefly urethral and vesical (reflex).

IN a recent paper by M. Bouchardat the same view of the genesis of the parasite of typhus fever is advanced as for the bacillus of tubercle, and, indeed, for the organisms of all contagious diseases (*vide* THE LANCET, p. 465, current volume).

M. LEGROUX presented to the Société Médicale des Hôpitaux some globules of lactate of morphine made with gum; the globules are very soluble in water, and may then be used for subcutaneous injection.

MR. W. H. BREWER, M.R.C.S., consulting surgeon to the Newport Infirmary and coroner for Monmouthshire, an office he had held for thirty years, died this week, at the age of seventy.

M. HERVIEUX has read a long communication to the Académie de Médecine on the influence of puerperal epidemics in the production of abortion and premature births.

HEALTH OF THE ARMY.

No. III.

THE number of recruits medically inspected during the year amounted to 47,444, of whom 20,522 were deemed unfit for military service, being in the ratio of 432 per 1000. A good deal has been written in some of the military papers on the subject of this high proportion of rejections, which has been attributed by some to a progressive physical deterioration of the labouring classes and by others to the influence of our present military system of limited service in deterring a good class of recruits from coming forward. But if the results now under review be compared with those for 1864, the first year in which complete returns were published in the Army Medical Department Reports, it will be seen that the proportion rejected is rather less than in that year, when it amounted to 448 per 1000. Above 28 per cent. of the rejections in 1881 was on account of the chest measurements being under the regulation. "Under height" is assigned as the cause of 1333, and "apparent age not in accordance with General Order" of 912, rejections, being together in the ratio of 54·22 per 1000 inspected. It is obvious that these men should not have been brought up by the recruiting parties for medical examination as not complying with the military requirements. This would reduce the proportion rejected for medical reasons to 378·33 per 1000. Of the recruits inspected 19 per cent. were under nineteen years of age, 35½ between nineteen and twenty, and 45½ above twenty. In 1864 the proportions were 37½, 17½, and 45, so that there has been a great reduction in the numbers under nineteen. Compared with the results for the same year, the returns show a reduction in the height of the recruits, but this is compensated by a marked increase in the weights, as shown in the following summary:—

	In 10,000 inspected in 1865.	In 10,000 inspected in 1881.
Under 100 lb.	190	244
From 100 to 110 lb.	457	163
,, 110 to 120 ,, ...	1950	1340
,, 120 to 130 ,, ...	3167	3204
,, 130 to 140 ,, ...	2353	2733
,, 140 to 150 ,, ...	1186	1527
,, 150 to 160 ,, ...	468	550
,, 160 and upwards ...	229	239

As might have been expected from the progress which has been made in education during the last twenty years, there is a marked decrease in the proportion of recruits unable to read and write, which has fallen from 218 to 147 per 1000. There is still, however, abundant scope for the labours of the Army schoolmaster.

The Appendix to the Army Medical Department Report contains some very interesting and important papers, relating chiefly to the Egyptian campaign in 1882. These consist of a Medical History of the War, by Deputy Surgeon-General Sir J. A. Hanbury, the Principal Medical Officer in Egypt; a Sanitary Report on the Egyptian Expeditionary Force, by Deputy Surgeon-General Marston; a Report on Invalids admitted into the Royal Victoria Hospital, Netley, for Wounds received in Egypt during the Campaign of 1882, by Professor Longmore; and Remarks on the cases of Enteric Fever admitted from Egypt into the Medical Division of the Royal Victoria Hospital, Netley, by Professor Maclean. These documents are of great value, and well deserve the careful study of all who take an interest in the health of our troops on active service, but they contain so much matter, already condensed within reasonable limits, that it would be impossible in the space at our disposal to do anything like justice to them. Sir J. Hanbury gives a detailed report of the medical organisation of the expedition, including the instructions issued to him by the Director-General and his orders founded upon these, for the conduct of business and the sanitary precautions to be observed. This is followed by a medical history of the army from the date of landing at Alexandria till the 9th of October. The Report shows very clearly the careful consideration which had been given to the subject by the head of the department, the liberal provision made for the care of sick

and wounded, the great difficulties experienced in carrying out the service efficiently, owing to the very unforeseen events which compelled the General to move his troops so much in advance of his transport, the insanitary conditions to which the troops were exposed, and the zealous and successful manner in which these evils were met by the medical officers and the Army Hospital Corps. After describing the arduous work which devolved upon them at Ismailia in connexion with landing the equipment and stores from the ships and conveying them to the hospital, "fetching commissariat rations for the patients and the establishment, furnishing stretcher parties for the removal of sick and wounded arriving by rail and canal, and making all the conservancy arrangements within and without the building," he says: "In the interior of the hospital the duties of the staff were if possible of a more arduous and anxious nature; from the opening of the hospital on the 23rd to 31st August, 767 patients were admitted—a rate of about 85 a day, and a large proportion of these were cases of partial or complete sunstroke, for the treatment of which unremitting attention is demanded. ..... From September 1st to 18th, 1311 admissions, or nearly 90 daily. After the action of Kassassin and up to the battle of Tel-el-Kebir 200 sick would sometimes arrive during the night, and after the battle as many as 350 were brought down at one time." After the battle of Tel-el-Kebir, in addition to our own wounded, 534 wounded Egyptians were collected. These were not forwarded to the base hospital at Ismailia; but, after their wounds had been dressed and any necessary operation performed, 202 were sent to their homes, and the remainder, under charge of their own doctors, to Cairo by special train. The whole of the history of the campaign is interesting. Appended to it is a table showing the average strength, admissions into hospital, deaths, and number of invalids sent home among the troops in Egypt from July 17th to Oct. 9th, 1882, with the ratios per 1000 of the strength. To the calculations attached to this table we take exception as showing results much too favourable. For the purposes of comparison they should have been reduced to unity of time as well as of strength. The period included in the table is only eighty-four days, or something under a quarter of a year. Reduced to an annual ratio the results per 1000 of average strength would be: admissions, 2534; killed in action, 31·05; deaths by disease, 26·38; invalids sent home and to Mediterranean stations, 775. These results, considering the circumstances under which the troops were employed, are by no means unsatisfactory, except the large proportion invalided, and this was due to a great many men having been sent home or to Malta who might have been quickly restored to the ranks had the arrangement originally made of sending them for a short time to Cyprus for change been carried out.

The report by Deputy Surgeon-General Marston is a very valuable addition to sanitary literature. He has given in considerable detail an account of the steps taken to prevent disease and keep the men in health, attention being specially directed to the water-supply and the condition of the camps, barracks, and hospitals occupied by the troops. "The functions of a sanitary officer," he observes, "may be best expressed by saying that he has to ascertain the range of modifiable conditions affecting health. Theoretically this range may appear extensive, but practically during, and for some time after, a campaign, it is often very limited. There is no more arduous, responsible, and at the same time disappointing post than that of sanitary officer on an expedition of this kind. He cannot be ubiquitous, his powers are limited to recommending, and he cannot be always doing this to authorities already overburdened with work. The sanitary executive is, and must be, quite inadequate to so rapid a campaign, where sanitary and conservancy work has to be executed on so comprehensive a scale and so promptly as required in Egypt." Dr. Marston has given a brief description of the camps, barracks, and hospitals occupied by the troops, of which he says, "It was in reality a choice of evils—the occupation of very foul buildings or objectionable camping sites. This was more particularly the case at Cairo; the citadel had, as a matter of necessity, to be occupied, and it was extremely dirty. The barracks at Abbassiyeh, Kasr-en-Nil, and Abdin were filthy. It was a curious fact, too, how long a disagreeable odour remained after a room or building had been cleansed, in spite of free access of air." Dr. Marston's account of ophthalmia as it prevailed among the troops is particularly interesting, illustrating, as it does, the immense improvement which has been effected in the army by the great sanitary changes introduced since the Crimean war. There were 1145 cases of this disease treated, and in no instance did it cause loss of sight. His history of the two epidemics of enteric fever—one at Ramleh and Alexandria in September, the other at Cairo in October, is very good. There were in all 118 cases and 27 deaths. The *précis* of sanitary work with which he concludes his paper, shows how much was done and how carefully the health conditions of the army were looked after.

Surgeon-General Longmore, in his usual careful manner, has given an account of the surgical cases admitted into Netley from Egypt. They amounted to 196, of which only four died. His notes on the more important cases, as well as those of Professor Maclean on the cases of enteric fever, afford satisfactory evidence that the valuable opportunities afforded by our great invaliding hospital of adding to the store of professional knowledge have not been neglected.

In addition to the papers relating to the Egyptian campaign, the appendix contains one on the Pneumonia of the Punjaub Frontier by Surgeon G. M. Giles, Indian Medical Department; a Report on the Epidemic of Yellow Fever at Barbadoes, by Surgeon-Major E. Hoile; a History of an Outbreak of Enteric Fever among the Troops in Natal, by Brigade Surgeon W. Skeen; and the usual list of operations performed at Netley, with notes by Surgeon-Major Tobin, the assistant professor of military surgery. As we have already said, it would be quite impossible in our limited space to do justice to these papers, but we strongly recommend them to the notice of our readers. They afford good evidence of how much was done by the medical officers in Egypt, and how efficiently their work was performed. The volume altogether is quite up to the mark, but we cannot close our notice of it without expressing our regret at the absence (for the first time, we believe, since it was begun by the late Professor Parkes in 1860) of the report on the progress of hygiene for the year. We have always considered this one of the most valuable papers in the volume, and trust the Director-General will take the necessary steps to have it continued. We also note that the promise held out in previous volumes of a general medical history of the two Afghan campaigns of 1878–79–80 has not been fulfilled. It would be matter for regret if the history of a campaign in which the Medical Department came out so well, under circumstances of great difficulty, should not be recorded for the benefit of those who may come after, and to whom the details of the successful arrangements might prove instructive.

Public Health and Poor Law.

LOCAL GOVERNMENT DEPARTMENT.

REPORTS OF MEDICAL OFFICERS OF HEALTH.

Nottingham Urban District.—Dr. Seaton gives the death-rate for this borough as 22·1 per 1000 during 1882, the birth-rate being 37·9. Dealing with the question of infectious diseases, Dr. Seaton promises a complete report which shall have special reference to the conclusions arrived at by the Royal Hospital Commission. In the meantime, however, he expresses the view that the present temporary hospital buildings, incomplete as they obviously are, have been of real service to the borough. Small-pox caused fifty deaths during the year, and amongst the preventive steps adopted by the sanitary authority was the somewhat novel one of supplementing the work which the guardians perform as a vaccination authority. Thus, payments were made by the Sanitary Committee for the performance of revaccination at the several factories, facilities were offered for "arm-to-arm" work, and the public vaccinators were paid by the Corporation for supplying lymph. Under the system of notification of disease there were reported 446 cases of small-pox, 1028 of scarlet fever, and 29 of enteric fever. Of this total 430 were received into the infectious hospital, and it is probably owing to its inadequate arrangements, and its general want of attractiveness, that the admissions were mainly from small-pox; thus, only fifty-four scarlet fever patients were received. As a supplement to his general report Dr. Seaton enters into detail as to the works which during the past ten years have been carried into effect with a view to the improvement of public health.

Commencing with a description of the borough and of its geological formation, all the questions involved in the sanitary arrangements needed, and provided, for a large borough population are entered into, the descriptions embodying some historical account of the several measures of progress which have been adopted. As a final conclusion, it is shown that synchronously with these works there has been a steady decrease in the general mortality, the reduction amounting to 1½ per 1000. Unfortunately, however, the rate of infant mortality has increased, and it must be the aim of the authority in the future to ascertain the causes of this, and, as far as is practicable in a factory town, to deal with them.

Birmingham.—Dr. Alfred Hill, in his report for the third quarter of this year, points out that the zymotic mortality amounted to 5·2 per 1000 of the population. Diarrhœa caused 71 deaths, and of these, as usual in the warm quarter of the year, 73 per cent. were in infants under one year of age. Scarlet fever has been more than usually prevalent, and has caused 131 deaths, as compared with 53 in the corresponding quarter of the previous year. Small-pox has been more destructive to life than in any quarter since the second quarter of 1875, no fewer than 567 cases having occurred, with 54 deaths. The disease has been scattered over every portion of the town, although the greater number of cases have occurred in the northern portion. A large amount of isolation has been carried out, no fewer than 679 patients having been treated in the borough hospital during the quarter. The new hospital intended for scarlet fever was ready just in time to enable the sanitary authority to devote the old one to small-pox alone; indeed, directly it was completed an extension of disease rendered its immediate use imperative. The 679 cases admitted into the two hospitals included 481 cases of small-pox and 198 of scarlet fever.

St. George's, Hanover-square.—Dr. Corfield expresses the hope that a decreasing death-rate in this metropolitan district may be regarded as one of the permanent effects of the many sanitary improvements made. He complains, and rightly so, of the low fines inflicted on convictions, which are hard to be obtained, for gross adulterations, and he instances a case in which a dairyman, who had adulterated milk by adding 20 per cent. of water, and was fined only one shilling.

Gateshead (Urban).—This district suffered during 1882 both from small-pox and typhus fever, the former disease causing 34 and the latter 49 deaths, and the description given by Dr. Green, the medical officer of health, shows that some of the population live under most deplorable sanitary conditions. Courts and tenements filthy and ill-ventilated, ill-paved sodden yards, slop nuisances at their worst, together with overcrowding, are well calculated to facilitate the spread of the infectious fevers, and also to conduce to a low moral state such as is adverted to in the report. Diarrhœa caused 99 deaths in the year, 77 of these taking place in children under five years of age. In connexion with the inquiry which is being carried out by Dr. Ballard on behalf of the Local Government Board, Dr. Green has given special attention to this disease, and he is of opinion that the acute choleraic diarrhœa of the autumn is of a nature different from the ordinary disease, it being of a specific nature. The conditions with which it appears to have been mainly associated in Gateshead are, a hot temperature, dirtiness of feeding vessels, and insanitary surroundings, notably such as are brought about by defective ventilation and offensive middens. Dealing next with the preventive measures adopted generally in the borough, Dr. Green refers to the isolation afforded in the case of typhus and of small-pox, and he adverts to the fact that, whereas every nurse who had been in the typhus wards more than a fortnight suffered from that disease, the only two officers who contracted small-pox were two kitchen girls whom he neglected to vaccinate. The number of the two diseases admitted to hospital were nearly equal, there being 168 cases of small-pox and 165 of typhus. Hence, presumably the number of nurses attending on each of the two groups of diseases was much about the same.

Merthyr-Tydfil.—Mr. Dyke in his last annual report on the urban district of Merthyr-Tydfil reminds the authority that in previous reports he has had to note a continuous diminution in the number of deaths from enteric fever, and also to point out that wherever these did occur there were obvious faults in the sanitary arrangements of the dwellings in question. He finds precisely the same relation between diphtheria and such conditions, and he considers the connexion of cause and effect between this disease and sewer air to be clearly established. Dealing with the extensive prevalence of scarlet fever which recently prevailed in Merthyr, Mr. Dyke reminds us that in the eighteen months ending June, 1882, no less than 350 deaths were registered from this cause, and that out of every thirty children under five years of age one died. Speaking of the fever hospitals in regard to the action of the authorities, it is stated that that they were kept prepared, but that they were not made use of, and hence, very naturally, but little impression was made on the disease by other methods of procedure. The disease, indeed, became diffused and spread by the scholars in every school, in each of the towns and villages in a parish nine miles in length by three or four in breadth. Measles broke out soon after the cessation of the scarlatina epidemic, and the subject which was some time since discussed in detail by Mr. Dyke in connexion with the question of school closing is again dealt with; Mr. Dyke's experience being that a marked diminution of attacks in the fortnight following school closure went to show that such closure is a proper step to adopt in the case of infectious diseases to which young children are subject. Referring to more general questions, Mr. Dyke points out that there is overcrowding in Dowlais, and he states that the cause of the ever-increasing mortality in this place is largely due to the absence, in 600 houses out of 3000, of any back door or window, an arrangement which must prevent a house from ever getting a thorough sweep of fresh air through it. The total population of Merthyr-Tydfil is estimated at 50,000, and the death-rate 23·8 per 1000, as opposed to 19·6 in England and Wales as a whole.

VITAL STATISTICS.

HEALTH OF ENGLISH TOWNS.

In twenty-eight of the largest English towns, 5581 births and 3823 deaths were registered during the week ending the 17th inst. The annual death-rate in these towns, which had slowly increased in the four preceding weeks from 19·6 to 21·5, further rose last week to 23·2. The rate in the first seven weeks of the current quarter averaged 20·5 per 1000, against 21·2 and 21·3 in the corresponding periods of 1881 and 1882. The lowest rates in these towns last week were 15·7 in Leicester, 16·3 in Hull, and 16·8 in Wolverhampton. The rates in the other towns ranged upwards to 27·3 in Preston, 27·9 in Salford, 30·8 in Blackburn, and 33·4 in Manchester. The deaths referred to the principal zymotic diseases in the twenty-eight towns, which had been 415 and 459 in the two previous weeks, further rose to 490 last week; they included 138 from scarlet fever, 103 from measles, 81 from "fever" (principally enteric), 65 from whooping-cough, 60 from diarrhœa, 34 from diphtheria, and 9 from small-pox. The lowest death-rates from these diseases occurred last week in Oldham and Norwich, and the highest in Newcastle-upon-Tyne, Manchester, and Huddersfield. Scarlet fever caused the highest death-rates in Leeds, Newcastle-upon-Tyne, and Manchester; measles in Huddersfield, Birkenhead, and Newcastle-upon-Tyne; whooping-cough in Huddersfield and Brighton; and "fever" in Cardiff, Plymouth, and Portsmouth. The 34 deaths from diphtheria in the twenty-eight towns included 25 in London and 2 in Salford. Small-pox caused 5 deaths in Sunderland, 3 in Birmingham, and 1 in Wolverhampton. The number of small-pox patients in the metropolitan asylum hospitals, which had been 41 and 34 on the two preceding Saturdays, rose to 50 at the end of last week; 23 new cases were admitted to these hospitals during the week, against but 5 and 1 in the two previous weeks. The deaths referred to diseases of the respiratory organs in London, which had increased in the seven preceding weeks from 163 to 365, further rose last week to 445, but were 19 below the corrected weekly average. The causes of 92, or 2·4 per cent., of the deaths in the twenty-eight towns last week were not certified either by a registered medical practitioner or by a coroner. All the causes of death were duly certified in Norwich, Plymouth, Nottingham, Derby, Birkenhead, and Blackburn. The proportions of uncertified deaths were largest in Wolverhampton, Huddersfield, Halifax, and Sunderland.

HEALTH OF SCOTCH TOWNS.

The annual rate of mortality in the eight Scotch towns, which had been 21·0 and 21·1 in the two previous weeks, rose to 23·7 in the week ending the 17th inst.; this rate

exceeded by 0·5 the mean rate during the same week in the twenty-eight English towns. The rates in the Scotch towns ranged from 14·3 and 15·3 in Aberdeen and Perth, to 23·3 and 29·3 in Greenock and Glasgow. The deaths in the eight towns included 85 which were referred to the principal zymotic diseases, against 72 and 82 in the two preceding weeks; 18 resulted from diphtheria, 16 from "fever" (principally enteric), 15 from scarlet fever, 14 from whooping-cough, 14 from diarrhœa, 8 from measles, and not one from small-pox. These 85 deaths were equal to an annual rate of 3·6 per 1000, which exceeded by 0·6 the mean rate from the same diseases in the large English towns. The rates from these diseases in the Scotch towns last week ranged from 0·8 and 0·9 in Leith and Paisley, to 3·5 and 5·0 in Edinburgh and Glasgow. The deaths referred to diphtheria, which had been 11 and 19 in the two previous weeks, were 18 last week, and were, proportionally, nearly four times as numerous as those recorded in the English towns; they included 7 in Glasgow and 3 in Aberdeen. The 16 deaths from "fever" showed an increase of 7 upon the number in the previous week, 10 occurring in Glasgow and 3 in Dundee. Thirteen of the 15 fatal cases of scarlet fever, and 12 of the 14 of whooping-cough, were returned in Glasgow; while 7 of the 8 deaths from measles occurred in Edinburgh. The 148 deaths referred to acute diseases of the respiratory organs in the eight towns showed an increase of 57 upon the low number in the previous week, but were 34 fewer than those returned in the corresponding week of last year. The causes of 93, or more than 16 per cent., of the deaths in the eight towns last week were not certified.

HEALTH OF DUBLIN.

The rate of mortality in Dublin, which had been equal to 28·2 and 25·8 per 1000 in the two preceding weeks, further declined to 25·2 in the week ending the 17th inst. The death-rate in the city during the first seven weeks of the current quarter averaged 25·2 per 1000, against 19·3 in London and 18·4 in Edinburgh. The 169 deaths in Dublin last week showed a further decline of 4 from the numbers in the two previous weeks; they included 6 which were referred to scarlet fever, 3 to whooping-cough, 3 to "fever," 3 to diarrhœa, 2 to measles, and not one either to small-pox or diphtheria. Thus 17 deaths resulted from these principal zymotic diseases, against 26 and 19 in the two previous weeks; they were equal to an annual rate of 2·5 per 1000, while the rate from the same diseases was equal to 2·9 in London and 3·5 in Edinburgh. The fatal cases of scarlet fever in Dublin, which had been 14 and 9 in the two previous weeks, further declined to 6 last week; and the deaths attributed to diarrhœa were also less numerous. The deaths from "fever," measles, and whooping-cough exceeded the numbers in the previous week. The causes of 26, or more than 15 per cent., of the deaths registered during the week were not certified.

THE SERVICES.

RIFLE VOLUNTEERS.—1st Stirlingshire: Surgeon William Johnstone, M.D., is granted the honorary rank of Surgeon-Major.—1st Volunteer Battalion, the Royal Warwickshire Regiment: Acting Surgeon Joseph Hunt resigns his appointment.

ADMIRALTY.—The following appointments have been made: Deputy Inspector General John Breakey, M.D., to Jamaica Hospital, vice Fegan, the appointment of Breen being cancelled; S. Gissing to the *Revenge;* Thomas B. Carlyon, to be surgeon and agent at Pentraeth, vice Hudson.

DEATH FROM EATING TINNED SALMON. — An inquest was held on the 16th inst. in Pimlico on the body of a girl who had on the 19th and 20th ult. eaten some preserved salmon from a tin, a brother who had also partaken of the fish being ill after having taken it. Medical evidence to the effect that death had been caused by eating poisoned salmon, the tin of the case having dissolved off the iron, and the salmon becoming decomposed by the nitrate of tin that was formed, was adduced, and the jury returned a verdict accordingly. The coroner signified his intention of communicating with the importers of the salmon with a view to their corresponding with the manufacturers.

Correspondence.

"Audi alteram partem."

NOTE ON CHOROIDAL AND MENINGEAL TUBERCLE.

To the Editor of THE LANCET.

SIR,—The observations of Dr. Angel Money in your issue of Nov. 10th on the frequent association of choroidal and meningeal tubercle seem to me very important from a pathological point of view. In a communication made to the Ophthalmological Society in Oct. 1882, I suggested that post-mortem examination of the back of each eyeball would reveal choroidal tubercle in many cases of tubercular meningitis which ophthalmoscopy had failed to detect, and that it was unsound to formulate any general statement about frequency, &c., on the basis of ophthalmoscopy alone. I ventured to insist on this sufficiently common-place proposition, because the later teaching has tended to associate choroidal tubercle rather with general tuberculosis without implication of meninges than with tubercular meningitis. There is a sufficient number of cases on record of choroidal tubercle without implication of meninges to make the detection of the former in any given case by no means so trustworthy a hint of coexisting meningeal disease as it was at one time thought to be. But that choroidal and meningeal tubercle are by no means exclusive of one another I showed in the above communication from notes of sixteen cases of choroidal tubercle, in thirteen of which tubercular meningitis was present, whilst in three only was tubercle present in other organs, but not appreciable in the meninges. Dr. Money's observations are, however, much more valuable than mine, because they are systematic and consecutive. Out of forty-two cases of tubercular meningitis he has found that in fourteen choroidal tubercle was also present on post-mortem examination. In two other cases choroidal tubercle was found without tubercular meningitis, and in one of these a tubercular mass was present in the cerebellum. It is also satisfactory that Dr. Money has found some of the minute white points of the kind to which I ventured to apply Barthez and Rilliet's term "tubercular dust." Such minute spots in small groups certainly sometimes coexist together with undoubted larger nodules. It would be strange, indeed, if such minute spots were not sometimes recognisable post mortem, especially in the light of Bock's observations, referred to in THE LANCET of April 7th, from which it would appear that on microscopic examination tubercles of varying dimensions may be frequently found in the choroid. Whilst, on the one hand, clinical generalisations, especially *negative* ones, ought to be checked by post-mortem examination, I can testify from personal mistakes to the difficulty which sometimes obtains during life of discriminating chronic tubercle of the choroid from cases of choroiditis disseminata in the exudation stage, and of an equal necessity of post-mortem verification. If the results of Mr. Nettleship's examination of a specimen of mine of the latter disease should be verified in other cases, I think it would be fair to say that in syphilitic choroiditis there is much less heaping up of cells and of granular degeneration in the centre of the masses than obtains in choroidal tubercles.

I am, Sir, yours obediently,

Nov. 14th, 1883. THOMAS BARLOW, M.D., F.R.C.P.

"HARMLESS LUNATICS."

To the Editor of THE LANCET.

SIR,—Dr. W. S. D. Williams in his letter on the above subject in your last week's issue has undoubtedly pointed out an important method of dealing with the enormous increase in the number of paupers certified to be insane. I fear, however, that his plan will not be adopted until the Government grant of four shillings per week is extended to lunatics in workhouses. Such an extension of the grant, it may be predicted, would lead to an even more rapid increase in the number of certified paupers, and it would be much more satisfactory to do away with the cause of this increased certification by altering the application of the grant. The

guardians of parishes, by the working of this grant, are rendered by no means averse to the removal of paupers to asylums, and are not as anxious for their return as they were when their maintenance in an asylum cost the parishes more than in a workhouse. The masters of workhouses also are very ready to facilitate the removal of paupers who, from requiring a little extra diet or supervision, militate against apparent economy of administration. The workhouse nurses and attendants are equally predisposed to favour the removal of persons likely to give extra trouble, and the medical officers are perhaps not unwilling to accept testimony of nurses having this bias in certifying a patient who does not present any very tangible symptoms of insanity. The most pernicious influence, however, is probably exercised on the friends of patients, who are induced by reports of the comfort of the county asylum to relieve themselves of the care of aged relatives who are in the slightest degree troublesome. When once feeble-minded persons have been sent to an asylum, medical superintendents do not find it an easy matter to return them to the workhouses, where their advent is by no means acceptable. Hence, they accumulate in the asylums, diluting unduly the insane who absolutely require treatment, thus costing for their maintenance much more than is necessary, and sometimes leading to a reduction of the general asylum dietary, which is inimical to the welfare of the insane. The remedies for this state of things I would suggest are—first, the abolition of the Government grant in its present form; secondly, the retention of harmless imbeciles in a special block of their parish workhouses; thirdly, an extension of the plan of aiding relatives who are willing to take charge of the harmless aged persons; fourthly, the establishment of a reception hospital (as has been done in New South Wales), from which alleged lunatics could be distributed to appropriate institutions; and, fifthly, that the Commissioners in Lunacy should occasionally make stringent investigation in regard to the "facts communicated by others" in weak certificates relating to persons who have been workhouse paupers. With these changes little additional asylum accommodation will be required; without them, in a few years a much larger proportion of paupers will be certified lunatics.—I am, Sir, yours truly,

Hanwell, Nov. 13th, 1883. H. RAYNER.

"STRUGGLES WITH LUNATICS."

To the Editor of THE LANCET.

SIR,—My attention has been called to the annotation in your issue of November 3rd, entitled "Struggles with Lunatics," and as an eye-witness of the "curious" crowd collected at the railway station in question to enjoy the exhibition of a struggle with a madman, I agree with you in thinking that something ought certainly to be done "to put an end to the very unseemly struggles which every now and then excite indignation and create scandal." But I address you at present, not for the purpose of referring to this matter, but because I observe that in your issue of the 10th instant you have opened your columns to the discussion of a subject in which I have felt deeply interested, since I first admitted so-called chronic and harmless lunatics into the wards of Caterham Asylum, then hardly structurally completed, in the year 1870. At that time, under the provisions of Gathorne Hardy's "Metropolitan Poor Act," just coming into operation, an exodus was taking place of all chronic lunatics, idiots, and imbeciles from the workhouses of the metropolitan district to the large imbecile asylums of Leavesden and Caterham, the belief then being general that these persons were not sufficiently cared for in workhouses. As, however, Dr. Williams, of Haywards Heath, in his letter to you dated October 31st, advocates the relief of county asylums by refilling the wards of workhouses with chronic and harmless cases, I am induced to offer you the result of nearly ten years' experience in dealing with very large numbers of the class of cases referred to, with the conclusions at which I arrived as to the best method of dealing with them. In each annual report of the Caterham Asylum from the year 1870 till 1880, I stated my views fully, and finally summarised them in somewhat of the following manner:—"The question of the best means of dealing with persons in a state of chronic insanity, imbecility, or idiocy is one of pressing importance to the counties, and indeed to the whole country, for it is well known that in every county asylum much space is taken up by those cases from which if they were relieved so much the more accommodation would be found for the treatment of recent, acute, and curable cases, for which such institutions are generally so admirably adapted, but whose machinery is necessarily and properly somewhat costly. In like manner, in many workhouses chronic cases are either found to necessitate a large amount of expense for their proper separate care and treatment, or, failing this, they are very inadequately provided for, or it may be neglected. These cases are also sometimes regarded as being unsuitable for ordinary workhouse routine, and by their presence rendering the strict observance of the usual workhouse administration deficient. Under such circumstances inexpensively and carefully managed intermediate chronic asylums seem to supply the want felt by the county lunatic asylum on the one hand and by the workhouse for its relief and economical working on the other. It is a mere question of expediency whether accommodation for chronic cases should be provided as an offshoot from the parent county asylum, and be under the same management in the shape of wards added suitable for chronic cases, or whether it should be separately erected and conducted as a separate establishment and be under distinct management. My opinion on these points is that where large numbers are to be dealt with, as in the metropolitan counties, a separate establishment is the better arrangement (and the same might be carried out in the counties by combination), but, where smaller numbers are to be provided for, that this is to be most economically and efficiently done by the addition of blocks of buildings specially adapted for chronic cases to the parent asylum. In every case I am strongly of opinion (considering the liability there is to relapse in many forms of mental disease) that chronic accommodation should most certainly act in close association with the county asylum, every facility being given by legislation and otherwise for the county asylum easily to transfer its chronic cases, and an equal facility for the chronic asylum to return cases to the county asylum upon their showing signs of relapse or when, in the opinion of the medical superintendent, such a step is necessary. For this reason it is obvious that chronic accommodation should not be provided at too great a distance from the parent acute asylum. Much, at all events temporary, relief to overcrowding of county asylums, as pointed out by Dr. Williams, is also to be obtained by boarding out suitable cases under suitable conditions; but I refrain from entering upon this branch of the subject at present, as I feel I have already trespassed too far on your valuable space.—I am, Sir, your obedient servant,

JAMES ADAM, M.D.,
Late Medical Superintendent Caterham Asylum.
Malling Place, Kent, Nov. 10th, 1883.

To the Editor of THE LANCET.

SIR,—In an editorial note in your last issue you mention "lunatic taming" as an art, and in this you are perfectly correct and none know better that there is such an art or give it fuller recognition than asylum medical officers. It is with them a matter of every-day experience that some of their attendants can tone down and wheedle into calm an excited and violent patient who in other hands would be a very demon of noise and destruction. That all cannot do this, try as they may, is equally well known, and that it is the gift of only a very limited number of individuals is generally admitted. It is not infrequently found that a medical officer or attendant in no way overbearing or severe in manner, who has been frequently attacked and "knocked over" by the excited patients, is succeeded by another who for years treats and mixes with the same patients and is never once struck at or even threatened. This Rarey-like charm is, as I have said, not to be acquired by all, as the want of it in many honest and kind-hearted men and women who have tried hard and long to gain such an influence amply testifies. But then it must be admitted that there are cases where the most successful lunatic tamer is as ineffectual as the policeman appears to be. In these cases the mind of the patient is for a time lashed into such a fury that all attempts at soothing pass unnoticed, and for this simple reason can have no effect. That the police have not this gift is clear, and that someone who has "should be called in by the magistrates when they have to do with the insane" is equally clear. Where then are these lunatic tamers to be found? Where but amongst that much abused

class, our asylum attendants, where the natural gift is often found brightened and brought to perfection by constant use?

You find fault with superintendents because not more than one-third of the attendants attached to asylums are possessed of this evidently rare power. I think your proportion rather flattering to superintendents in general—until I remember that mad doctors have

"To climb perfection's sacred height,"

and stay there to gain the brotherly love of some people. If these same unfortunate superintendents say, as I have, or even hint that this "taming process" will not act in all cases, such belief on their part is to be set down as "simply the outcome of ignorance how to treat the insane." May I ask if these men of equal brains and education with their professional fellows, who have spent the better part of their lives in the study of the best mode of treatment of the insane, be ignorant of this best mode, who, in the name of common sense, are to be their informants or instructors? Had someone had a revelation from heaven on the subject he might be set up as a censor, but even he in these degenerate days might be doubted.

Your remarks as to some new manner of treatment of lunatics brought before magistrates being urgently needed is timely and to the point. Why should we not have a receiving house under experienced medical management to send all doubtful and remanded cases, such as has been in active operation with such good results in New South Wales for some time past? Here all cases would be under observation and a careful and definite diagnosis of them could be made, which is more than can generally be done now by an inexperienced gentleman who has to examine his patient in a dark or semi-dark cell.

I am, Sir, yours faithfully,

Northampton County Asylum, Nov. 5th, 1883. S. A. K. STRAHAN, M.D.

THE NEW DRAINAGE OF MENTONE.

To the Editor of THE LANCET.

SIR,—An article which appeared recently in your journal on "the new drainage of Mentone" has been widely circulated out of the profession, and has been much discussed at Mentone. On Nov. 1st, at the first meeting of the Society of Mentone Medical Practitioners, of which I have the honour to be president, I drew the attention of the members present, thirteen in number, to the statements of your correspondent. The medical members of the town Bureau d'Hygiène, who were present, gave detailed information as to what had been done and was doing with reference to the drainage works. The subject was subsequently discussed in all its bearings, and I was requested by the Society to communicate to you the information obtained.

Previous to the advent of strangers there was no drainage system whatever at Mentone, as is the case in all the small Italian towns at the present day, the plan adopted obviating, as the inhabitants think, all necessity thereof. Nearly all the inhabitants are landed proprietors, and depend all but entirely on human manure for fertilising their olive, lemon, and orange trees. The excreta, as also the house slops (small in quantity in a land where soap and water are but sparingly used), are collected in small barrels. When these are full they are carried on donkey-back to the mountain terraces on which the trees grow. A trench is dug around the base of each tree, and the manure, mixed with earth, therein deposited. It really is the primitive earth system. Thus, although the atmosphere inside the house is occasionally tainted, there is no collection of stagnant fermenting fæces in or near the house. The rain water and more abundant washing slops run down the street in a gutter, as your correspondent correctly states.

When hundreds, nay thousands, of visitors arrived at Mentone, this primitive earth system could no longer be applied to them, and cesspools were built to all the villas and hotels, with ventilating shafts carried from the cesspool to the roof of the house. This system still universally obtains, and it will be difficult, if not impossible, to alter it. Mentone is very peculiarly situated. The town itself is built on the shoulders and extremity (*menton*, chin) of a promontory that terminates a mountain 1500 feet high, itself lying as a buttress against this mountain amphitheatre, 4000 feet high, which circumscribes and forms the district. The ascent from the shore to the old castle and cemetery, which occupy the apex of the town, is very precipitous, rising above 200 feet in half a mile. In the bays, east and west of the old town, there is very little level ground, the ascent beginning very near the shore line. Everywhere the rock is near the surface. The rains at Mentone are all but tropical, especially in spring and autumn. Often three or four inches of rain fall in twelve or twenty-four hours, carrying with it soil and sand in such quantities as to render the sea turbid, quite yellow, for a mile or more from the shore. The new drains are merely constructed to carry off these floods of rain water, which inundate the lower parts of the town, as also what are called "eaux menagères," or house water, and are not permitted to receive human excreta. They are made high and wide: first, that they may be able to carry off these sudden masses of water; secondly, that they may not be choked with the soil and sand which the rain water brings with it; and, thirdly, that if they are so choked men may be able to get inside and clean them.

When I first arrived at Mentone, in 1859, the lower parts of the town were occasionally inundated as described after heavy rains, and such a state of things was accepted by the population as one of the necessary conditions of life. With above two thousand winter visitors, however, and a very much higher state of civilisation, such inundation can no longer be accepted; hence the size of the drains now building. Moreover, none of the houses in the old town have been connected with the new drains, and a clause has been adopted by which, should such a connexion be made in the future, a proper syphon trap will have to be made between the drains and the houses. The inhabitants are to pour their house slops into them by trapped gullies, but not the fæces, which are to be collected as of yore (in the old native town) and carried off to the country.

It is the presence of the numerous visitors inhabiting the villas, and assembling in large hotels to the number of 100, 200, or more (the Hotel Victoria has 200 beds), that renders the drainage of the locality difficult. Small sewers would have burst with the heavy rains, and have overflowed; whilst it is feared that the large sewers now building would allow solid matter to collect (especially during the five months' summer drought) were they used for sewage. There is a water company now in operation at Mentone, which in the season distributes daily above four hundred cubic metres of water (the metre is three feet four inches) to its clients, all of which finds its way to the sewers, but it is thought that even that amount would be insufficient to scour efficiently the main drains in the level part of the town if the latter were used as sewage drains. The old town is to be still better off, for a small stream or rivulet from the valley of Mentone, at a higher elevation, is to be daily let into the sewer in the Rue Longue described by your correspondent.

It has been thought best, therefore, to continue the system of cesspools, at least for the present. The latter are, or ought to be, always emptied by the pneumatic apparatus so much used in Paris and elsewhere on the Continent. When it is used by the hotel- and villa proprietors, and not shirked to avoid expense, there is no smell or inconvenience whatever. A vacuum is established in a large cask or tub drawn on wheels, like a water tub, only larger. The cesspool is connected with it by a gutta-percha tube, and on turning a valve the contents of the cesspool are precipitated into the tub by atmospheric pressure. The difficulty is to know what to do with the contents of the tubs. A locality was at first given to the contractor a long way up one of the valleys, but objections have been raised to this mode of disposal of the town sewage, and it has been recently determined by the municipal authorities to throw it into the sea at a distance from the land, on the maritime side of the new jetty or pier. A ledge of rocks which advances into the sea, continuing the promontory on which Mentone is built, will, it is hoped, render this feasible and safe. There is a strong sea current trending along the coast from east to west, which will, it is thought, carry off the sewage to the sea, away from the coast.

The Medical Society suggested to the town authorities to provide flat-bottomed boats and a steam launch, and to tow the sewage out to sea daily, but the heavy expense this plan would have entailed has negatived it, at least for the present.

Up to the present time the system described—well-built, well-cemented cesspools, with good and efficient ventilation at the roof of the house—has sufficed to keep Mentone exceptionally healthy. During the twenty-three years I have

resided here (1859) there has been no epidemic among the visitors, and the only cases of typhoid fever we have seen amongst them, with very rare exceptions, have been imported cases. I may also mention that I have only seen at Mentone three cases of real diphtheria during that long period, and two were fatal. I do not call tonsillitis with albuminous, pultaceous deposits on the tonsils diphtheria. I used to see such cases when I began to study medicine fifty years ago, have seen them every winter everywhere ever since, and have never known a fatal case. My German colleagues here, and many English practitioners, following, I am told, German teaching, call these cases diphtheria—most incorrectly.

I remain, Sir, very truly yours,

Mentone, Nov. 10th, 1883. HENRY BENNET, M.D.

THE ROYAL UNIVERSITY OF IRELAND.

To the Editor of THE LANCET.

SIR,—At the meeting of Convocation held in July last, when the Senate attended, I brought forward three resolutions which were deemed by the meeting to be of such importance that they unanimously resolved to postpone their consideration until the autumn meeting. I then ventured to suggest that there might possibly be no autumn meeting, and as this has proved to be the case I propose to discuss the resolutions in your columns, and thus bring them before the Senate and the public. The first resolution is "that the Senate be requested to consider the advisability of holding the medical examinations in the months of May and November in each year." The medical examinations are now held in the months of June and September; these follow one another too quickly, and are nothing but a pass and honours examination, three months more being afforded to candidates who desire to compete for honours. That this is so has lately been admitted by the Senate, as shown by the fact that they will only admit candidates who fail in June to the examination in September when they are specially recommended by the examiners. It must be admitted that the time between the two examinations is far too short for a student to make up his business, especially his *practical* work, as the medical schools and hospitals are virtually closed during the interval. The examination in June interrupts the summer course of lectures, and students cannot present the certificates of lectures delivered at this time, as the session is not over until the end of June. The September examination is held when professors and students are seeking a change of scene after the nine months' prescribed course of study. At this time of year our schools and hospitals are closed, our professors are absent, and opportunities for acquiring practical knowledge and for testing candidates in clinical work are wanting. These disadvantages may be obviated, and the usefulness of the university increased, by selecting May and November as the months for holding these examinations. This arrangement gives an interval of six months between the two examinations. May is immediately after the winter session, when students are fresh from their work. Students are given four or five months between the examinations for practical instruction if these months are selected; this is especially the case with anatomy. These months give time for some special preparation for the Services, the examinations for which are held in February and August. It gives two *bonâ-fide* examinations; at present one is simply the continuation of the other, and is practically only one examination.

I am, Sir, very truly yours,

CHARLES FREDERICK KNIGHT, M.D.

Dublin, November 19th, 1883.

TEMPERANCE AND PEDESTRIANISM.—On Tuesday, at midnight, Mr. Weston commenced the undertaking of walking 50 miles a day for 100 days in succession, Sundays and Christmas Day excepted. Mr. Weston had a bad cold; previous to that his health had been admirable, which is in itself a testimony to the advantages of sobriety. At starting, his temperature was 99·2°, his pulse 84, and his weight 10st. 6lb. We wish him success. The project may seem an unnatural one, but rough experiments are more likely to convince the classes who believe in the tonic virtues of alcohol, despite its tendency in any but small quantities to produce physical deterioration. Should he fail on any given day, he is at liberty to make up one day's task in the next succeeding ten days.

LIVERPOOL.

(From our own Correspondent.)

THE MAYOR AND THE ROYAL SOUTHERN HOSPITAL.

FOR many years past it has been the custom for the newly elected mayor to attend in state at St. Barnabas' Church on the second Sunday after his election to office, when a sermon is preached and a collection made on behalf of the Royal Southern Hospital. Accordingly, the present mayor, Mr. T. Holder, attended on Sunday, the 8th inst., when the sermon was preached by Archdeacon Bardesley, after which a collection was made, amounting to £144 12*s.* 3*d.*

THE EYE AND EAR INFIRMARY.

Mr. Edgar Browne's evening lectures and ophthalmoscopic demonstrations began on the 7th inst. They have attracted a large number of medical men, are essentially of a practical nature and adapted to the wants of general practitioners. The success of this effort to diffuse a sound knowledge of elementary ophthalmology is very gratifying. There was last week a very interesting case of death from chronic suppurating disease of the ear. The patient was a man of twenty-seven years of age, otherwise healthy, but had a suppuration of the ear since infancy. Removal of a polypus had been attempted several times at various places. When seen he had pain in the head, contracted pupils, incomplete paralysis of the seventh and complete paralysis of the sixth nerves, and partial hemiparesis, all on the right side (same side as affected ear). The post-mortem examination showed the internal ear full of pus, the auditory nerve inflamed, small deposit of old organised lymph at internal auditory meatus, old abscess in the pons Varolii, lined with pyogenic membrane extending to the mesial line, and just beyond that a recent hæmorrhage.

INFIRMARY FOR CHILDREN.

There are among Dr. Rawdon's patients at this hospital two cases of cystotomy for chronic cystitis. One has improved markedly since the operation; the other patient went out shortly after he was operated on at his parents' request, not much improved. He was readmitted four months afterwards with a perinephritic abscess, which has been opened, and now the boy seems to be doing well. Dr. Armstrong has a case of diabetes mellitus in a boy eleven years of age, who has been under his treatment for nearly two months. With restricted diet the amount of urine fell from 114 ounces to between 50 and 60 ounces per diem; and the amount of sugar from 2987 grains to below 1000 grains. Salicylic acid had no beneficial effect, and codeia, which has been tried for the last ten days, has also as yet been found useless. The specific gravity of the urine has been as high as 1042, never below 1030.

NORTHERN HOSPITAL.

At the present time, when the osteo-plastic treatment of fractured patella is attracting so much attention, a case bearing upon the subject appears worthy of notice. A healthy young Norwegian sailor was admitted into the Northern Hospital a few weeks ago with an ununited fracture of the patella, which had occurred at sea five months previously, and had resulted in such a wide separation of the fragments that the man was practically crippled. He could walk with great care, but his knee was constantly failing him, so that he could never be certain that he would not fall down. Mr. Puzey operated therefore on the 29th of last month in the method detailed in the records of the Leeds cases, but the fragments were drilled in two places by a cabinetmaker's gimlet, by which instrument also a stout copper bell-wire was drawn through as a suture, to be used in the method adopted by Mr. Rushton Parker. The wires having been passed, the greatest difficulty was found in approximating the bony fragments. Malgaigne's hooks were applied, but when screwed up as tightly as possible an interval of an inch and a half still remained. A vertical incision was then made above the patella, and the great extensor tendon freely divided, and this not being found sufficient, the aponeurosis of the vastus internus and the broad tendinous expansion of the vastus externus were freely divided through the same small wound. Then, by elevating the limb and still further use of Malgaigne's hooks, the fragments were made barely to meet, and the wires bent sharply down on the patella, but not twisted. The large transverse wound was then closed

with numerous deep wire sutures, a small horsehair drain hanging out at each extremity. A small opening was made into the joint at its external aspect, and a drainage-tube passed through this and out at the wound made for dividing the extensor tendon. Free drainage was thus provided, whilst the large transverse incision could be left in the best condition for complete primary union. The further progress of this case will be given in another letter.

SCOTTISH NOTES.

(From our own Correspondent.)

ABERDEEN UNIVERSITY DEBATING SOCIETY.

AT the opening meeting of this Society, held last week, Prof. Nicholson delivered an introductory lecture to a very large audience, taking as his subject "Specialisation in Education." Recognising the tendency everywhere towards specialisation as one of the most prominent features in intellectual life, and pointing to its importance throughout nature in the fitting of animals or organs for their various uses and their peculiar environments, looking to the extreme tendency to social and industrial specialisation, he yet deprecated the principle which even public men would sometimes defend, "that particular duties can only be properly discharged when carried out by individuals set apart and specialised into machines for the performance of their own peculiar social functions." In university education it should be remembered that a general basis of knowledge was above all essential, and though the great extent of present knowledge required that one man should devote himself to one branch as a teacher, it was clear that university training should retain its general character, and be even yet more extended by options. No one could now stand, as did Cuvier, at the head of the three great departments of natural history—viz., systematic zoology, comparative anatomy, and palæontology. Even the most powerful minds find it necessary to choose an even narrower field for their activity; and the chief fear at the present moment is that the pressure of specialisation and the increasing need for intellectual concentration may result in serious and permanent injury to that intellectual breadth which should, after all, form the primary aim of all educational effort. Prof. Nicholson went on to show that the probable tendency of change in our Scottish universities would be still further to broaden the field of study, and to recognise English, modern languages, and natural science as subjects capable of affording an intellectual training equal to that obtained from present studies. But here, again, he would guard against specialisation, and recommend the student who intended to fit himself for the pursuits of the naturalist to acquire a good knowledge of German, French, and Latin, and possibly Greek. Chemistry and geology should be studied as well as zoology and botany; while the student would be much the better for taking natural philosophy and mathematics. Lastly, drawing is essential to the student of natural science. In concluding, Prof. Nicholson hoped that the changes in store for our universities in the near future would encourage generalisation rather than specialisation.

ABERDEEN AND THE DEPUTATION TO THE BRITISH ASSOCIATION.

In 1882 a deputation from Aberdeen visited the meeting of the British Association at Southampton, for the purpose of inviting the *savants* to a meeting in the granite city. It will be remembered that Southport was preferred for this year's meeting, but it is now agreed that the Association shall visit Aberdeen after the Canadian meeting. The deputation to Southampton consisted of the sheriff-substitute and the professor of anatomy, both of whom were sent by a representative meeting, the clerk of which, in the name of the Lord Provost, guaranteed expenses. The sheriff's claim has been met, but the Finance Committee decline to pay the professor's expenses, and that gentleman has sent a correspondence to the press, which does small credit to the authorities. It is well known that Dr. Struthers' wide acquaintance with men of science throughout the country was that which gave the deputation weight, and this year did much in carrying the vote for the far North. Professor Struthers is not to be daunted by trifles, and probably this miserable treatment is meted to him because his zeal for the Association is in any case assured; but news of such niggardly conduct travels far, and does not conduce to the success which all would wish for the meeting of 1885.

ST. ANDREWS RECTORIAL ELECTION.

The result of the election for the Lord Rectorship of St. Andrews University was declared on Thursday morning, as follows:—Mr. J. Russell Lowell, 100; Mr. E. Gibson, M.P., 82. Majority 18.

THE FEVER OUTBREAK AT DUNDEE.

The cases occurring in this town now are chiefly of a sporadic nature, are very much lessened in number, and can generally be traced to defective drainage. The milk infection has been accountable for no fewer than 87 cases of typhoid fever, and as many as 68 of these received their whole supply from the particular dairy. The first case was reported on the 10th October, the milk was stopped on the 20th, and since the 2nd November no cases have occurred among the customers of this dairyman. The number of deaths among the 87 has not yet been made public; but the sanitary officials are wisely taking advantage of the public feeling aroused on the subject, and find no difficulty in carrying out all necessary changes in the dairies and milk-shops. It may be hoped that no vested interests will be allowed to stand in the way.

IRELAND.

(From our own Correspondent.)

QUEEN'S COLLEGE, BELFAST, AND UNIVERSITY EDUCATION.

A MOST important communication from the gifted pen of the President of the Queen's College, Belfast, has recently been published, which deserves the gravest consideration by all who take an interest in collegiate and university education in Ireland. The President in a masterly way replies to the attack made on the Queen's Colleges by the Rev. Dr. Molloy of the Catholic University, and not only defends the institution with which he is connected, but makes several charges against the management and working of the Catholic University, which certainly so far appear to require explanation. The College was opened in 1849, the number of students has gradually increased, last year the numbers enrolled having been 533, of whom 300 belonged to the faculty of medicine. In consequence of the great increase of students the buildings are too small, more particularly in the important departments of practical chemistry, physics, and histology, the professors being seriously hampered in their work from the want of proper laboratories and appliances. The Act of Parliament under whose provisions the College was founded contains a clause expressly instructing the Commissioners of Public Works in Ireland to erect suitable buildings, and to enlarge the same as may be required; but in despite of this, for many years this enactment has not been complied with, urgent application for the same notwithstanding. Up to the present, 2956 matriculated and 984 non-matriculated students have received their education in whole or in part in the College. Of the matriculated students, 1,182 graduated in the Queen's University, 735 being in Arts. Honours were awarded with A.M. to 90; A.B., 134; LL.B., 12; B.S., 11; M.D., 24. This evidences superior talent and efficient teaching. The Queen's University was dissolved in February, 1882, the Royal University succeeded it, and the successes achieved at the examinations during the present year have been no less remarkable. The President next replies to the attempt of the Rector of the Catholic Unicersity to show that the Queen's College is unworthy of national support. He observes that the roll of its scholars contains names of men who have attained to great distinction at the Bar, in the Church, in professorial chairs, and in the medical and civil services of this and other countries. He next refers to the Catholic University and its colleges. It was founded, he states, about thirty years since, under the very highest ecclesiastical patronage, but its success was never great. It soon began to decline, and now for a long period it has been an acknowledged failure. When the Royal University was established, the Senate, desirous of reviving the Catholic University, resolved to attach to it a staff of professors, and nine chairs were endowed with the liberal stipend of £400 a year each. But a difficulty arose regarding the appointment of the Fellows to the Catholic

University. The payment of professors for teaching in an institution which was commonly reported to have no *bonâ-fide* students would scarcely, it was thought, meet with the approval of Parliament; but the plan adopted to overcome this difficulty was, to say the least, ingenious. By a stroke of the pen the "Catholic University" was converted into the "Catholic University College," so that the Catholic University itself then became a kind of ideal institution, to which a number of university colleges (so-called) in various parts of Ireland were ideally attached. These colleges, with perhaps a single exception, are intermediate schools, which train pupils and send them up to the examinations of the Intermediate Education Board, and to the matriculation examination of the Royal University. The President adds that it would be interesting to know by what process of mental arithmetic Dr. Molloy is able to number the pupils of those schools in his "Summary of the results attained by the Catholic University." He concludes by saying that it might tend to prevent unpleasant discussions, which are sure to arise sooner or later, if the Senate of the Royal University would require from each of its Fellows an annual return of the names of the students in his class or classes, of the number of lectures delivered, of the places in which they were delivered, and of the collegiate terms kept. In fact Parliament, he adds, should demand this of the Royal University, as it does of the Queen's Colleges.

THE PRESIDENT OF THE COLLEGE OF SURGEONS AND THE GOVERNMENT.

Mr. Wheeler's action against the Government will be commenced this week, and it has been instituted in order to recover fees (£1150) claimed by him for medical attendance on Mr. Carter, of Mayo, who was shot during the agrarian agitation in 1881. It is stated that Mr. Wheeler holds a written guarantee from the late Mr. J. H. Burke, and the only question that will be involved will be as to whether the fees claimed are excessive. It is rumoured that leading members of the profession will give evidence for and against the Government on this point.

DEATH AT A FOOTBALL MATCH.

In Galway last week a student of a grammar school, whilst engaged in a football match, fell to the ground and expired. As he was not the subject of any violence, it is surmised that death occurred from failure of the heart's action, and a verdict to this effect was brought in by a coroner's jury. I may mention that deceased was a grandson of the late Dr. Doherty, for many years Professor at Queen's College, Galway.

On Tuesday, 20th proximo, the Council of the Royal College of Surgeons in Ireland will meet in order to elect a Professor of Dental Surgery. Some time since a similar election was to have taken place, but for a reason which it is not necessary to refer to, no appointment was made.

The students of Trinity College, Dublin, and more especially those connected with the Medical School, are taking measures to present Dr. Macalister with a testimonial as a token of respect and esteem. Dr. Macalister held the Professorship of Anatomy and Surgery previous to his Cambridge appointment.

Dr. W. G. Smith, Professor of Materia Medica and Pharmacy, School of Physic, T.C.D., has been elected President of the University Biological Association for the ensuing year.

PARIS.

(From our Paris Correspondent.)

THE FRENCH CHOLERA MISSION TO EGYPT.

At the last meeting of the Société de Biologie, Dr. Straus, of the French Cholera Mission to Egypt, gave an account of the work performed by the mission under the written instructions of M. Pasteur. Dr. Straus began by referring to the general information afforded by the mission which appeared in the medical journals. He now adds: "We directed our investigations at first to the intestinal apparatus and its contents, to the rice-like stools, and to the matter vomited. As regards the stools, we ascertained that the rice-like matter consisted of epithelial granulations. There was noticed at the same time well-marked granular disintegration. The nuclei of the cells were no longer tinted by the colouring matter employed. There were, in fact, all the characters of that special form of gangrene to which the name of 'nécrose de coagulation' has been given. As to the presence of microbes in the intestines, they were found in such abundance and in such great variety that it would have been chimerical to try to single out among these micro-organisms the cause of cholera. In a portion of the small intestine preserved during twenty-four hours in solutions of methylene blue, innumerable microbes were easily seen in the thickness of the mucous membrane; they were bacteria and micrococci; there were long bacteria resembling the microbe of tuberculosis, but much smaller. We found also the same microbe as that of glanders. It is this which, according to Professor Koch, would be the micro-organism of cholera. This fact is more than doubtful, in the first place because this microbe is found elsewhere than in the intestines, and because its presence is far from being constant. It is found in cases of prolonged cholera; but in the cases of the disease causing death in a few hours, it is impossible to be able to tint any microbe. Thus, on the one hand by the fact of the multiplicity of the coats or tissues in which this microbe is found, represented by Koch as special to cholera, and on the other by the fact that it is not constant, the anatomical deductions of the German physician are far from positive. The examination of the mesenteric glands, the liver, and the kidneys gave only negative results. The blood was black and ill coagulated. The red globules fell to the bottom of the vase, and above was a clear serum which coagulated badly. Microscopic examination showed that the red globules were spread out, and the white corpuscles were granular and increased in number. We found in the blood elongated corpuscles, recalling to mind the micro-organism of the "rouget," but much smaller. It was therefore necessary to have a double proof—the first founded on the colouring reagents, the second on culture. Notwithstanding all our efforts, we never succeeded in obtaining a distinct tint. As regards the culture, we completely failed. It is well to note that the reaction of the serum of the blood was slightly acid. As regards the rapid cases, in which the patients died asphyxiated without presenting any symptoms of diarrhœa, it is difficult to admit that the cause of cholera resides exclusively in the intestine. Several experiments were performed on different animals—dogs, fowls, turkeys, quails, cats, rats, mice, and one monkey. We made these animals swallow the dejections, the blood, and organs of cholera patients—all this without any result. We fed pigs with the rice-water stools of the patients, but they continued to be as well as ever. In fine, we have not brought with us the solution of this most difficult problem, but only simple documents which may be of some utility; and I hope that, considering the difficulties the members of the mission had to contend with, they will not be too severely judged."

M. Paul Bert, President of the Society, offered Dr. Straus some consolation by assuring him that if he and his fellow-workers in the field of the unknown were not successful in discovering the microbe of cholera, they, however, have had the satisfaction of being able to point out the error into which the German mission had fallen.

COMMENCEMENT OF THE WINTER SESSION.

Professor Jaccoud, who was appointed to the Professorship of Clinical Medicine at La Pitié Hospital, in the room of Professor Lasègue, deceased, opened his winter course last week under the most favourable auspices. The amphitheatre was not large enough to hold the number of those who went to hear him. The audience was composed of all ranks in the profession, from the simple student to the professors of the Faculty, who wished by their presence to show their appreciation of his nomination to his new appointment. Professor Jaccoud is a man of rare talent, and is admirably adapted to his position. As an orator he is not surpassed, and as a physician he has few equals, at least in this country. After paying a graceful tribute to the memory of his illustrious predecessor, he set out with an onslaught on the encroachments in medicine of "physiologism" and the microbian theories now in vogue. He pointed out the fallacies of the one and the incongruities of the other when applied to the human organism in relation to disease, and said that the basis of all rational medicine consisted not in studying the symptoms of a disease; the general state of the patient must, above all, be taken into serious

account, without which there can be no approach to anything like a correct prognosis, and the therapeutics must necessarily be purely empirical.

Professor Peter, who also opened his course at the Faculty last week on medical pathology, spoke much to the same effect, and denounced Pasteur's doctrines on the pathogeny of disease as being dangerous to the judicious practice of medicine, for with all deference to M. Pasteur as a chemist and biologist, and however attractive may be his experiments in the laboratory, the deductions there arrived at cannot be applicable to the animal organism except to a very limited extent. He said he had to deplore the incursion of another theory, but of the same origin, which seems to be rapidly gaining ground in the profession—viz., "microbicidia." The danger of this theory must be evident, for those who employ antiseptics, such as carbolic acid, salicylic acid, sulphate of quinine, and sulphuretted hydrogen, do so under the idea that they can affect the myriads of microbes lodged in the depths of the organism, or at least to modify their habitats. Unfortunately it is less easy to kill a microbe than the body that lodges it. Prof. Peter will probably further develop the subject, as during this course he is to treat of infectious and virulent maladies.

THE CHAIR OF PATHOLOGY IN THE FACULTÉ DE MÉDECINE.

By the transfer of Professor Jaccoud to the Chair of Clinical Medicine, that of Medical Pathology at the Faculty is now vacant. The following is the order of the names of the candidates adopted by the Council of the Faculty: Dr. Damaschino, Dr. Graucher, Dr. Dieulafoy—men of about equal merit; but the number of votes in the Council will decide the election.

Professor Pajot has been transferred to the Professorship of Clinical Obstetrics, in the room of Professor Depaul, deceased.

Professor Charcot has been elected Member of the Academy of Sciences, in the section of Medicine and Surgery, in the room of the late Baron Cloquet.

Paris, Nov. 20th, 1883.

THE CHOLERA IN BOMBAY.

(From a Correspondent.)

THE recent epidemic has been a mild one. In some cases persons seized have vomited and purged once or twice and then died; in others febrile symptoms first showed themselves, subsequently vomiting and purging took place; in others vomiting and purging took place at the outset, afterwards collapse set in, their urine was suppressed, their extremities became cold, and they were with difficulty roused from their stupor. When the urine has been suppressed the passing of a catheter, although no urine was drawn off, was found most useful, as within fifteen minutes afterwards urine was passed plentifully. Many of the deaths occurred subsequent to the primary symptoms, appearing to be the result of fever, which may be reckoned as one of the secondary symptoms, and deaths also occurred from want of proper food, the persons suffering having no money to obtain nourishment. Another strange feature in the disease was the vomiting of worms by those who had apparently completely recovered from the primary symptoms. It is impossible under these circumstances to give an exact percentage, as not only have the secondary symptoms to be taken into account, but also a new form of sutteeism has of late gained ground in Bombay. One marked instance of this occurred in the case of a young girl, whose husband had died, also her mother, from cholera; she herself recovered, but the mother-in-law on account of her son's death refused to supply her with food, saying, "Why did you not die instead of my son?" and at the same time reporting to the medical officer that the girl could not be induced to eat or drink. The medical officer at once fed the girl with milk, which she took willingly; he also placed a man in charge of her, with instructions to feed her every two hours, the result being that within three or four days the girl had almost completely recovered, but the watch having then been withdrawn she died. This looks as if, although sutteeism has been legally abolished, it has only taken another form; and there are also good reasons to believe that in India poisons in some form play an important part in cholera mortality. Air was taken from the Cholera Hospital, and examined by the microscope, when it was found to be almost perfectly pure. This purity of the hospital air may possibly be accounted for owing to the large fires that are continually kept burning around the building. Although the hospital proved valuable for cases occurring in its immediate vicinity, it was absolutely useless for cases in the outlying districts, the distances being so great that it was considered unsafe to remove those suffering from their houses to it, as before the only ambulance which the Bombay Municipality have provided could have been obtained, a distance in many cases of nine or ten miles, the patient would have been dead. This ambulance bears a strong resemblance to a baker's oven, and is quite unsuited for the purpose for which it is intended. Should cholera again break out, the health officer intends to provide hospitals in every ward, also to erect convalescent houses for those who are recovering, as the poverty of many of those attacked with the disease prevents them from obtaining that nourishment which is necessary for their complete restoration to health. One thing would be advisable in the event of other hospitals being erected—that is, not to huddle men and women into one ward, as is now done in Bombay. How far the saline treatment of cholera, as advocated by many medical men, may be useful, is a question worth considering. A man in Ahmedabad has obtained a patent from the Government of India for a tincture he has prepared, and which he sells at ten rupees for four ounces. The tincture he guarantees to be a certain cure for cholera. In Bombay the sample tried has been found wanting, as all the persons who took it died. In the treatment of cholera medicine seems to be of little or no use; symptoms such as vomiting and cramps are best treated by local applications, such as hot-water bottles or hot bricks and mustard poultices; milk (mixed with soda-water and ice) is extremely useful, given in small quantities frequently repeated. The late cholera epidemic in Bombay, as far as its origin and propagation is concerned, has mostly been productive of negative results. 1st. The sources of the disease can hardly be in the well water, as the people from infected houses draw water from those wells, using buckets which might be said to be tainted, and the same wells are used by hundreds who never take the disease—e.g., one or two cases occur in a village (or waddy, as it is called), the people go to the well, wash, and draw water, yet the disease never spreads. Some of the wells in Bombay are supplied with "vehar," or lake water, others from springs and surface sources, and the disease shows no partiality for either, although all sorts of infected matter must pass into the wells that derive their supply from surface sources. 2nd. Fæcal matter can hardly contain the poison, as those who are continually working amongst it display an almost complete immunity from the disease. 3rd. Isolation has been no protection; direct contact has not produced it. Several cases occurred in houses where the linen from the Peninsular and Oriental Company's ships was washed, and up to the present there is no report of cholera having broken out in, or conveyed by, those ships to England. This took place *subsequent to the outbreak of cholera in Egypt*. There seems to be some sort of connexion between the vomiting of worms and the eating of certain kinds of fish. (Amongst the poorer classes fish forms one of the principal articles of diet.) These fish are called "bomblers" or Bombay ducks, also "kalla pomphlet" and "gingas," or prawns. At certain seasons of the year very small worms are found in the flesh and intestines of these fish, and when introduced into the human system, it is just possible that they may be to some extent cholera factors. The natives themselves constantly ascribe their illness to this cause, and in several cases the disease occurred amongst Europeans after what is called a "fish supper." There can be no doubt that putrid and tainted fish is continually sold in Bombay, and if some means were taken to test their effects on animals, valuable results for scientific purposes would be obtained, and possibly correct conclusions arrived at.

THE SMALL-POX EPIDEMIC AT WIDNES. — A difficulty having arisen as to medical attendance on small-pox patients at the hospital, Dr. O'Keeffe, chairman of the Health Committee, has, we understand, offered his services without expense to the ratepayers.

ROYAL COLLEGE OF PHYSICIANS.

AN extraordinary Comitia of the College of Physicians was held on Thursday last. The President (Sir W. Jenner) referred to certain comments and criticisms which had been passed in the lay press upon an article written by two of the Fellows of the College. He said that such comments were calculated to damage the profession, and that it was the duty of the College to investigate all the circumstances. A motion referring the matter to the Board of Censors was proposed by Dr. Ringer, seconded by Dr. Priestley, and carried.

A resolution passed at a meeting of the inhabitants of East Dulwich with reference to the recent prosecution, Reg. *v.* Bower and Keates, was received by the College. Upon the motion of Dr. MOXON, who referred in detail to the action taken by the public prosecutor in the above case, it was resolved that, "Considering the peculiar liability of medical practitioners to false criminal accusations, and the grave addition which the public prosecutor's position lends to the weight of a possibly false charge, it is desirable, in the interests of the public and of the profession, that some means should be devised of correctly informing the public prosecutor on points of which a medically trained person alone can judge. The College requests the Council to consider the best means of aiding justice in this matter, and to report to the College." Dr. Sieveking, who seconded the resolution, said that he had always felt it the bounden duty of the College to protect the interests of the medical profession.

Dr. A. W. Barclay was elected Treasurer in the place of Dr. F. J. Farre, resigned. Drs. Sieveking, Wood, and Duckworth were elected to act as a Finance Committee. Upon the motion of the President, an honorarium of 200 guineas was cordially voted to the late Treasurer, Dr. F. J. Farre.

On the report of the Committee on Hygiene, which was adopted at the meeting, the College has instituted a special annual examination on this subject. The certificate to be awarded will be entitled "Certificate in Hygiene of the Royal College of Physicians of London."

THE HIND FUND.

THE following additional subscriptions have been received and paid to the account of the "Hind Fund" at Messrs. Coutts' Bank:—

A. B. C.	£1	1	0	Hawkins, Cæsar, Esq.	£5	5	0
A. D.	0	10	0	Horton, Dr. H. ...	0	10	6
Andrews, Dr. H. C.	1	1	0	How, Dr. G.	2	2	0
Ayling, A. H. W., Esq.	1	1	0	Hutchinson, Jonathan, Esq.	5	5	0
Baker, Wright, Esq.	1	1	0	Kendall, S. May, Esq.	2	2	0
Barker, A. E., Esq.	1	1	0	Kirby, Dr.	3	3	0
Bird, Wm., Esq., J.P.	5	0	0	Langmore, Dr. J. C.	1	1	0
Bowles, Dr. R. L. ...	2	2	0	Laver, H., Esq. ...	0	10	0
Bowman, Wm., Esq.	5	0	0	Little, Dr.	2	2	0
Budd, Mrs.	1	1	0	Martin, J. B., Esq.	2	2	0
Childs, Major	1	1	0	Mason, J. W., Esq.	1	1	0
Cooke, G. R., Esq. ...	1	1	0	Merryweather, J., Esq.	3	3	0
Cronin, Mrs.	2	0	0	Pettigrew, Prof. ...	1	1	0
Ellis, Edward, Esq.	0	10	0	Powles, L. D., Esq.	1	1	0
F. T.	1	1	0	Renner, Dr.	0	10	6
Fitzpatrick, Dr. ...	0	10	6	Ringer, Dr.	2	2	0
Frampton, Trevethan, Esq.	0	10	6	Spencer, Surg.-Major	5	0	0
Fuller, C. C., Esq. ...	2	2	0	Tayler, Dr.	2	2	0
Furber, Geo. H., Esq.	1	1	0	Turner, Prof.	5	0	0
Gant, F. J., Esq. ...	1	1	0	Wiblin, John, Esq.	2	2	0
Harley, Dr. John ...	1	1	0				
Harris, James, Esq.	1	1	0				

Subscriptions may be paid to Dr. Richardson, F.R.S., (chairman), 25, Manchester-square; John Tweedy, Esq., F.R.C.S., 24, Harley-street, Hon. Treasurer; A. J. Pepper, Esq., F.R.C.S., 122, Gower-street; and T. Wakley, jun., Esq., L.R.C.P., 96, Redcliffe-gardens, Hon. Secretaries; or to Messrs. Coutts & Co., Strand.

THE ROGERS TESTIMONIAL.

A MEETING of the South Wales and Monmouth Branch of the British Medical Association was held on the 15th inst., when, *inter alia*, the following resolution was passed unanimously:—

"That this Branch desires to offer to Dr. Joseph Rogers its sincere sympathy in the position in which he is placed by the action of the Westminster Board of Guardians, and to express an earnest hope that the inquiry now pending before the Local Government Board will result in his speedy reinstatement in office." It was also resolved that a copy of this resolution should be forwarded to Dr. Rogers and to the medical press.

At a meeting of the Worcester, Gloucester, and Hereford branches, held at Cheltenham on the 20th inst., a resolution of similar purport was, in a meeting of upwards of sixty medical gentlemen, unanimously adopted, and a copy was ordered to be sent to the President of the Local Government Board, Dr. Rogers, and to the medical press.

To the Editor of THE LANCET.

SIR,—Will you kindly insert the enclosed fourth list of subscriptions in this week's LANCET, and oblige, yours truly,

J. WICKHAM BARNES.

Poor-law Medical Officers' Association, 3, Bolt-court, Fleet-street, London, Nov. 21st, 1883.

Edwin H. Roe, Esq., Patricroft, Manchester	1	1	0
Dr. Edwards, 12, Orchard-street, Portman-sq.	1	1	0
Dr. Welch, 377, Hackney-road	1	1	0
Dr. Brett, Watford	1	1	0
Dr. Bramwell, Tynemouth	1	1	0
W. P. Mills, Esq., Ipswich	0	10	6

Obituary.

DR. J. MARION SIMS.

THIS well-known American surgeon, whose death occurred, as already announced, on November 13th, of heart disease, was born in South Carolina on January 25th, 1813; he was educated at the South Carolina College, and afterwards at the Jefferson College, Philadelphia, and began practice in Montgomery, a town in the State of Alabama, in 1836, where he remained till 1853, when bad health compelled him to leave the place. He then went to New York, and established the Woman's Hospital, to which he remained attached for many years, retiring after a dispute to which we need not further allude. His next move was to London, where he practised till 1868, when he returned to New York. In 1870 he was in Paris, and, war breaking out, was one of the promoters of the Anglo-American Ambulance. After 1874 his movements became still more extensive between London, Paris, and New York. In the winter of 1881-82 he was attacked by pneumonia in London, and his death was due to a sudden attack of angina, the causes of which may have dated back to the former illness. He was nearly seventy-one years of age.

Dr. Sims will hereafter be remembered chiefly in connexion with the operation for vesico-vaginal fistula, the success of which in late years is largely due to his improvements; and he was the first to perform "cholecystotomy," an operation whose method as well as its name was a new invention. He has also written well-known papers on peritoneal surgery, especially with reference to gunshot wounds of the abdomen, and was a most skilful and brilliant operator. Another well-known work, entitled "Clinical Notes on Uterine Surgery, with special reference to the Sterile Condition," published in 1866, excited much attention and comment, on account of a series of experiments on artificial impregnation in the human female contained in it. Whatever opinion may be formed as to the employment of a medical man in such a relation, of the medical man who consents to be so employed, or of the comparative disadvantages to the patient and the practitioner of sterility on the one hand and artificial impregnation on the other, Dr. Sims' own cases show that the successes are few and the failures many. With regard to this question, in the *Progrès Médical* for

Sept. 15th, 1883, p. 740, will be found an account of an action brought against a patient for the fee for this operation. The judge decided that a fee for such an operation was not recoverable by French law, and made further remarks which will be found in the place indicated.

Dr. Marion Sims was a medical man of great ability, a skilful, brilliant, and inventive surgeon, the possessor of a handsome face and presence, and of an admirable professional manner. His best surgical work was remarkably good. Whether his influence on gynæcology has, on the whole, been sound and healthy, is a question on which a wide divergence of views exists.

LOUIS BORCHARDT, M.D.

DR. LOUIS BORCHARDT, of Manchester, whose death in his seventy-first year has recently occurred, was born at Landsburg-on-Warthe. He pursued his professional studies at Berlin, and after taking the M.D. degree in 1838 practised at Zorbich, and subsequently at Breslau. In 1848 he was condemned to two years' imprisonment in the fortress of Glatz for encouraging revolt. Compelled to leave Germany, Dr. Borchardt on his release came to England and settled at Bradford, Yorkshire, removing to Manchester in 1852, and was consulting physician to the General Hospital and Dispensary for Sick Children.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — The following gentlemen, having passed the required examination for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 15th inst.:—

Bowhay, Albert, L.S.A., Calstock, Cornwall.
Bowker, R. Steer, L.R.C.P. Edin. Sydney, New South Wales.
Bush, F. A. Adames, L.R.C.P. Edin., Old Kent-road.
Doidge, Maurice John, Lifton, Devon.
Fowler, Walter, Old Burlington-street.
Greenhill, E. Fowler, L.R.C.P. Edin., Chilmingham, Kent.
Holyoake, Ralph, Droitwich.
Ley, Herbert, L.S.A., Westbourne-terrace.
Lyon, Thomas Glover, Peckham.
Martin, James Pirie, Doddington-grove.
Maurice, William James, L.R.C.P. Lond., Renfrew-road.
Millhouse, George, Scarborough.
Robinson, Louis, L.S.A., Tyrrwhitt-road.
Ruck, David Naunton, Devizes, Wilts.
Salmon, L. E. Albert, L.R.C.P. Edin., Portishead.
Simmons, Edward Walpole, L.S.A., Wallington, Surrey.
Waller, Charles Brooke, L.S.A., Ipswich.
Wilson, William Emmott, Oldham.

The following gentlemen were admitted Members of the College on the 16th inst.:—

Bentlif, Philip Barnett, L.S.A., Salisbury.
Buckmaster, George Alfred, Wandsworth.
Chadwick, Charles Stott, L.R.C.P. Edin., Manchester.
Dovaston, Milward Edmund, Camden Town.
Hadley, Wilfred James, L.S.A., Clapham Common.
Herbert, George, L.R.C.P. Edin., Tonbridge, Kent.
Joslin, Charles Langford, L.S.A., Clapham.
Kealy, J. W. Gregory, L.S.A., Gosport.
Larking, Arthur Ernest, L.S.A., St. Thomas's-terrace.
Lee, George Thomas, Upper Wimpole-street.
Leeming, Robert Whinerey, L.S.A., Kendal.
Lipscomb, E. R. Senhouse, L.S.A., Finchley.
London, John Edward, L.S.A., Berbice.
Matthew, Charles Pynsent, L.S.A., Heavitree.
Molyneux, John Francis, L.R.C.P. Edin., West Battersea.
Moorhouse, Benjamin Michael, M.B. Edin., New Zealand.
Mumby, Langton Philip, L.S.A., Gosport.
Oglesby, Henry Newsome, L.R.C.P. Edin., Melbourne, Derby.
Powell, Joseph Harry, L.R.C.P. Edin., Clifton, Bristol.
Spencer, Walter, L.R.C.P. Edin., Streatham.
Williams, John Henry, L.S.A., Llanidloes, South Wales.

Of the 133 candidates examined during last week, 60 passed to the satisfaction of the Court and obtained their diplomas; 25 passed in Surgery, and when qualified in Medicine will be admitted Members; the remaining 48 failed to reach the required standard, and were referred to their further professional studies. Thirty-nine candidates who passed in Surgery at previous examinations, having subsequently obtained medical qualifications recognised by the College, were also admitted Members.

The following gentlemen passed the first part of the Professional Examination for the Fellowship of the College at meetings of the Board of Examiners on Monday, Tuesday, and Wednesday last:—

G. L. Johnson, Cambridge and Guy's Hospital; R. Lake, St. Thomas's Hospital; Jonathan Hutchinson, London Hospital; A. Marmaduke Sheild, St. George's Hospital; G. Pearce, St. Thomas's Hospital; F. H. Barendt, Liverpool; J. McKao Ackland, Charing-cross Hospital; W. A. Bowes McCabe, University College; J. J. Lister, Cambridge and University College; F. G. C. Damiain, St. George's Hospital; H. J. Stiles, Edinburgh; Charles Stonham, University College; P. S. Brito, Aberdeen; C. D. Green, St. Thomas's Hospital.

Of the 44 candidates examined on the above-mentioned days, 30 failed to satisfy the Board of Examiners and were referred for six months' further professional study.

UNIVERSITY OF LONDON. — The following candidates have passed the recent M.B. Examination:—

FIRST DIVISION.

Bailey, Charles Frederic, St. Bartholomew's Hospital.
Beverley, J. Metcalfe, Owens College and Manchester Royal Infirmary.
Black, Robert, London Hospital.
Booth, Edward Hargrave, Guy's Hospital.
Caiger, Frederick Foord, St. Thomas's Hospital.
Champ, John Howard, Guy's Hospital.
Collier, J., Owens College and Manchester Royal Infirmary.
Dunn, Louis Albert, Guy's Hospital.
Elgood, Charles Reginald, University College.
Fox, Robert Fortescue, London Hospital.
Haliburton, William Dobinson, B.Sc., University College.
Hind, Wheelton, Guy's Hospital.
Horrocks, William Heaton, B.Sc., Owens College.
Hull, Walter, St. Thomas's Hospital.
Knight, Frederick, University College.
Martin, Albert, Guy's Hospital.
Martin, Sidney Harris Cox, B.Sc., University College.
Moline, Paul Frank, University College.
Paley, Frederick John, St. Bartholomew's Hospital.
Parry-Jones, Maurice, Guy's Hospital.
Peres, George Victor, University College.
Price, John Alfred Parry, Guy's Hospital.
Rabbeth, Samuel, King's College.
Rogerson, John Thomas, Owens and University Colleges.
Roughton, Edmund Wilkinson, St. Bartholomew's Hospital.
Shore, Thomas William, B.Sc., St. Bartholomew's Hospital.
Sisley, Richard, St. George's Hospital.
Spicer, Robert Henry Scanes, B.Sc., St. Mary's Hospital.
Thomson, St. Clair, King's College.
Volsey, Clement Bernard, Owens College, Manchester Royal Infirmary, and St. Mary's Hospital.
White, Ernest William, King's College.
Worthington, Sidney, Guy's Hospital.

SECOND DIVISION.

Berry, Harry Poole, Guy's Hospital.
Blore, Isaac, Owens College and Manchester Royal Infirmary.
Brooks, Walter Tyrrell, King's College.
Cuff, Robert, Guy's Hospital.
Davies, William Thomas Frederick, Guy's Hospital.
Dudley, William, Queen's College, Birmingham.
Hewer, Joseph Langton, St. Bartholomew's Hospital.
Hoskyn, Donald Templeton, University College.
Jones, Charles Montagu Handfield, St. Mary's Hospital.
Marsh, Nicholas Percy, St. Bartholomew's Hospital.
Meyer, Charles Hartvig Louw, Guy's Hospital.
O'Kane, Michael, Guy's Hospital.
Salmon, Arthur Guy, St. Bartholomew's Hospital.
Shillito, Henry, Birmingham School of Medicine.
Slater, Druce John, St. Bartholomew's Hospital
Targett, James Henry, Guy's Hospital.
Tomlinson, Emily, London School of Medicine for Women.
Tunzelmann, Edward Waldemar von, University College.
Waugh, Henry Dunn, B.A., B.Sc., University College.
Wenyon, Edwin James, B.A., B.Sc., Guy's Hospital.
Wilson, Thomas, University College.

APOTHECARIES' HALL. — The following gentlemen passed the examination in the Science and Practice of Medicine, and received certificates to practise, on Nov. 15th:—

Barnett, Frank Septimus, Lancaster-road, Notting-hill.
Barry, Donald Moore, West Drayton, Middlesex.
Brickwell, Henry Taylor, Clapton-square.
Clegg, Joseph, Flixton, Manchester.
Higginson, Alfred, Vernon-street, Bolton.
Jenkins, Jenkin, Ancaster, Grantham.
Lipscomb, Edgar Richard Senhouse, Woodside Park.
Mumby, Langton Philip, Spring-gardens, Gosport.
Pratt, William Sutton, Torrington-square.
Williams, George Forbes Crawford, Burton-road, Brixton.
Wood, J. W. Atkinson, Grosvenor-street, Chorlton-on-Medlock.

DR. W. E. HUMBLE has been unanimously re-elected Mayor of Corfé Castle.

ABOUT fifty persons in the town of Thorn (Germany) are said to have been attacked by trichinosis.

MEDICO-CHIRURGICAL SOCIETY OF EDINBURGH. — At the first meeting of the sixty-third session of this Society on Wednesday, November 7th, the following gentlemen were unanimously elected office-bearers for the ensuing year:—President: Dr. Henry D. Littlejohn. Vice-Presidents: Professor Fraser, Drs. David Wilson and J. Batty Tuke. Councillors: Drs. P. Heron Watson, Byrom Bramwell, Buist, Ronaldson, George Hunter, James Jamieson, Graham Brown, J. M. Cotterill. Treasurer: Mr. A. G. Miller. Secretaries: Drs. MacGillivray and James. Editor of Transactions: Dr. William Craig.

THE Essex and Chelmsford Dispensary and Infirmary was opened a few days since at Chelmsford by Lady Brooke, in the presence of Lord Brooke, Sir H. Selwin Ibbetson, M.P., and others.

THE result of the year's canvass on behalf of the Bristol Royal Infirmary, as announced by the president of that institution, is most satisfactory, a sum of nearly £1000 having been collected, almost entirely in small sums.

BY the decision in an appeal case heard on the 15th inst. in the Court of Appeal of the Supreme Court of Judicature, it is laid down that a water company is not liable for damages in case of injury to health arising from contamination during transit of the water served by them, so long as it is proved that the water in the mains was pure and wholesome.

PROVIDENT SURGICAL APPLIANCE SOCIETY.—The eleventh anniversary dinner of this Society for the relief of the crippled poor was held on the 21st inst. Since 1872 there have been 27,320 appliances issued, and the average number distributed yearly is now between 3000 and 4000, the recipients ranging in age from six months to eighty-three years. During the evening subscriptions and donations were announced amounting to about £350.

ON Wednesday, an inquest was held by Mr. W. Carter on the body of Mr. Frederick Blackman, M.R.C.S., who was found on Monday evening seated behind the door of his room in Wansey-street, Walworth-road, his head and shoulders resting against the panel, and his head suspended by a handkerchief which was tied round his throat and attached to the key of the door. The jury returned a verdict of "Accidental death."

BRITISH MEDICAL TEMPERANCE ASSOCIATION.—A quarterly general meeting will be held in the rooms of the Medical Society of London, Chandos-street, Cavendish-square, on Tuesday next, at 4 P.M. The President, Dr. B. W. Richardson, F.R.S., will give an introductory address, after which Dr. C. R. Drysdale will read a paper on "The Comparative Death-rates of Assured Abstainers and Moderate Drinkers."

ABERDEEN MEDICO-CHIRURGICAL SOCIETY.—At the annual meeting of the Aberdeen Medico-Chirurgical Society held on Thursday, the following office bearers of the Society were elected:—President: Dr. Archibald Reith. Secretary and Treasurer: Dr. James Rodger. Librarian: Mr. William Fraser, surgeon. Council: Drs. Beveridge, Urquhart, Jackson, Garden, and Simpson. Representatives to North of Scotland Medical Association: President and Secretary *ex officiis*, Dr. Garden and Dr. J. C. O. Will elected.

UNIVERSITY OF CAMBRIDGE.—The General Board of Studies have recommended that the following charges on the common university fund be sanctioned:—The appointment of a Professor of Pathology before the end of Lent term 1884, stipend £800; the payment of the Downing Professor of Medicine such sum as may be necessary to raise his whole stipend to an amount greater by £200 than a Fellow's dividend at Downing; £100 annually to a Demonstrator in Botany; and £200 to a Senior and £50 towards the payment of a Junior Demonstrator in Physiology per annum. The Special Board for Medicine have published, for the guidance of students proceeding to medical and surgical degrees, a schedule defining the range of the examination in elementary biology under the regulations which come into effect on Jan. 1st, 1884.

STATISTICAL SOCIETY.—The inaugural meeting of the session 1883–84 of this Society was held on the 20th inst., at the Royal School of Mines, in Jermyn-street. The President, Robert Giffen, Esq., LL.D., delivered an address on "The Progress of the Working Classes in the Last Half Century." After the delivery of the address, the Howard Medal of 1883, with £20, were presented to Mr. R. D. R. Sweeting, S.Sc.Cert. Camb., the medical superintendent of the Western District Fever Hospital, Fulham, for the best essay on "The Experiences and Opinions of John Howard on the Preservation and Improvement of the Health of the Inmates of Schools, Prisons, Workhouses, Hospitals, and other Public Institutions, as far as Health is affected by Structural Arrangements relating to Supplies of Air and Water, Drainage, &c."

BOOKS ETC. RECEIVED.

APPLETON & CO., New York.
A Practical Treatise on Materia Medica and Therapeutics. By Roberts Bartholow, M.A., M.D., LL.D. Fifth Edition, Revised and Enlarged. pp. 738.

BATSFORD, B. T., London.
Metropolitan Sewage, and what to do with it. By Edw. Monson, Assoc. M. Inst. C.E. pp. 135.

BELL & BRADFUTE, Edinburgh.
Medical Diagnosis: a Manual of Clinical Memoirs. By J. Graham Brown, M.D. Second Edition. pp. 370. Illustrated.

BOGUE, DAVID, London.
The Teeth, their Formation, Diseases, and Treatment. By T. Gaddes, L.D.S.Eng. & Edin. pp. 80. Illustrated.

CASSELL & CO., London.
Our Homes, and how to make them Healthy. By various Authors. Edited by Shirley F. Murphy. pp. 947. With numerous Illustrations.
The History of the Year, from Oct. 1st, 1882, to Sept. 30th, 1883. pp. 568.
The Dissector's Manual. By W. Bruce-Clarke, M.B., F.R.C.S., and C. Barrett Lockwood, F.R.C.S. pp. 330. With 49 Engravings.
The Book of Health. By various Authors. Edited by Malcolm Morris. pp. 1079. Illustrated.

CHATTO & WINDUS, London.
How to Use our Eyes. By John Browning, F.R.A.S., F.R.M.S., &c. pp. 72. With 37 Illustrations.

CHURCHILL, J. & A., London.
A Handbook of Hygiene and Sanitary Science. By George Wilson, M.D. &c. Fifth Edition, Enlarged and carefully Revised. pp. 512.
Clinical Notes on Cancer, its Etiology and Treatment. By Herbert L. Snow, M.D.Lond. pp. 96.
Good Remedies out of Fashion. By Charles J. Hare, M.D.Cantab., F.R.C.P.L. pp. 54.
The Operative Treatment of Intra-thoracic Effusion. By Norman Porritt, L.R.C.P.L. &c. pp. 307.

HAMILTON, ADAMS, & CO., London.
Personal and Family Names. By Harry A. Long. pp. 362.

HIRSCHWALD, AUG., Berlin.
Compendium der Pathologisch-Anatomischen Diagnostik. Von Dr. Johannes Orth. Dritte neu bearbeitete und mit Mikroskopischer Technik vermehrte Auflage.

KEGAN PAUL, TRENCH, & CO., London.
Essays on Diet. By Francis W. Newman. pp. 136.
Hints in Sickness: where to go and what to do. By Henry C. Burdett. pp. 200.
Fallacies: a View of Logic from the Practical Side. By Alfred Sidgwick, B.A.Oxon. pp. 375.

KIMPTON, HENRY, London.
Diseases of the Brain and Spinal Cord. By David Drummond, M.A., M.D. pp. 374. With Illustrations.

LEWIS, H. K., London.
Elements of Practical Medicine. By A. H. Carter, M.D.Lond. Second Edition. pp. 427.

LOCKWOOD & CO., London.
Sanitary Work in Smaller Towns and in Villages. By Charles Slagg, Assoc. M. Inst. C.E. Second Edition, Revised and Enlarged.

MACLACHLAN & STEWART, Edinburgh.
Note-book for Post-mortem Examinations. By Byrom Bramwell, M.D. pp. 183.

MASSON, G., Paris.
De l'Epilepsie et autres Maladies Convulsives Chroniques. Par W. R. Gowers, M.D. &c. Traduit de l'Anglais par le Dr. Albert Carrier. pp. 457.

NEW SYDENHAM SOCIETY, London.
Selections from the Clinical Works of Dr. Duchenne (de Bologne). Translated, Edited, and Condensed by G. V. Poore, M.D., F.R.C.P. pp. 409.

OLIVER & BOYD, Edinburgh.
Surgical Experiences in the Zulu and Transvaal Wars. By D. Blair Brown, F.R.C.S.Ed., A.M.D. pp. 92. With 5 Plates.

PERLES, M., Vienna.
Die Medicin in Wien, währen der Letzten 100 Jahre. Von Dr. Theodor Puschmann.

PUTNAM'S SONS, New York.
An Ethical Symposium. By various Authors. pp. 213.

SAMPSON LOW, MARSTON, SEARLE, & RIVINGTON, London.
The Laws concerning Public Health. Edited by William Robert Smith, M.D., B.Sc., F.R.S.Ed., assisted by Henry Smith, M.B.Lond. pp. 812.
Handbook of Electro-Therapeutics. By Dr. Wilhelm Erb. Translated by L. Putzel, M.D. pp. 366. With 39 Woodcuts.
Lectures on Diseases of Children. A Handbook for Physicians and Students. By Dr. Edward Henoch. pp. 357.

SMITH, ELDER, & CO., London.
Legal Medicine. Part II. By C. Meymott Tidy, M.B., F.C.S. pp. 505.

WASHINGTON GOVERNMENT PRINTING OFFICE.
Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Vol. IV.: Authors and Subjects. pp. 1033.

William Farr, M.D., F.R.C.S., &c.; by F. A. C. Hare.—The Leisure Hour, Sunday at Home, Boy's Own Paper, Girl's Own Paper, Friendly Greetings, for November. (London Tract Society.)—Sanitary and other Papers; by R. Bruce Low, M.D.—On Imperfect Local Self-government, and its Results in Manchester; by Edwin Chadwick, C.B.—The Housekeeper's Guide to the Use of Preserved Meats, Fruits, &c. (Crosse & Blackwell.)—The Treatment of Wounds as Based on Evolutionary Laws; by Pitfield Mitchell. (Vail & Co., New York.)—Interesting Cases in Private Practice; by J. H. Warren, M.D.—Llandudno; by James Nicol, M.D.—Compound Oxygen, its Mode of Action and Results; by G. R. Starkey, M.D. Philadelphia.—Delayed and Non-union of Fractures; by N. Senn, M.D.—Physiological Cruelty; by J. H. Clarke, M.D.—The Bookseller, November.—Arsberättelse (den Fjerde) fran Sabbatsbergs Sjukhus i Stockholm för 1882; afgifven af Dr. F. W. Warfvinge.—Remarks on some Minor Matters of Management in Asylums; by J. A. Campbell, M.D., F.R.S.E.—Der Torfmoos-verband; von Drs. Leisrink, Mielck, und S. Korach.—Papers read before the University of Durham Medical Society.—Sanitary State of the British Troops in Northern India; by Surgeon-General A. C. C. De Renzy, C.B.—On Whales Past and Present, and their Probable Origin; by Prof. W. H. Flower, F.R.S.—De la Couveuse pour Enfants; par A. Auvard. (De la Haye, Paris.)—Additions à la Traduction Française du Traité des Maladies des Reins de Bartels; par Prof. R. Lepine. (Baillière et Cie, Paris.)—Typhoid Fever in Victoria; by J. W. Barrett, M.B., Ch.B. Sect. I.

Medical Appointments.

Intimations for this column must be sent DIRECT *to the Office of* THE LANCET *before 9 o'clock on Thursday Morning at the latest.*

BATEMAN, SAMUEL, M.D., M.Ch. Q.U.I., has been appointed Medical Officer for the First District of the Middlesborough Union.

BOSWELL, HENRY ST. GEORGE, M.R.C.S., has been appointed Medical Officer for the No. 7 District of the Saffron Walden Union, vice Whitlock, resigned.

BURKE, HUBERT W., L.R.C.S.Ed., L.R.C.P.Ed., has been appointed Resident Medical Officer to St. George's Retreat, Burgess-hill, Sussex.

CORKE, CECIL ALOYSIUS, F.F.P.S.Glas., L.R.C.P.Ed., L.S.A.Lond., has been appointed Medical Officer for the Middle District of the Ellesmere Union.

DONKIN, CHARLES, L.R.C.P.Ed., L.F.P.S.Glas., has been appointed Medical Officer for the Third District of the Faversham Union.

EDMOND, WM. RICHARDSON, M.B., C.M.Ed, L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Fourth District of the Bedminster Union.

EDWARDES, EDWARD J., M.D.Lond., M.R.C.P., has been appointed Physician to the St. Pancras and Northern Dispensary, vice Henry F. Winslow, M.D.Lond., M.R.C.P., resigned. Also Physician to the Farringdon General Dispensary and Lying-in Charity, on the creation of an additional Physicianship.

FAIRBAIRN, PETER, M.D., L.R.C.S.Ed., has been appointed Health Officer for Lowan Shire, West Riding, Victoria.

KING, JOSEPH, L.R.C.S.I., has been appointed Resident Government Medical Officer at Greenough, Western Australia.

LIGHTFOOT, CHARLES LEWIS, M.B., C.M., has been appointed House-Surgeon to the North Riding Infirmary, vice Bateman, resigned.

O'CONNOR, DAVID WATKINS, L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Government Health Officer for Maryborough, Queensland.

PHILLPOT, GEORGE F., L.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer for the Boxmoor District of the Hemel Hempstead Union.

SAVILL, T. D., M.D.Lond., M.R.C.P., has been appointed to the new office of Registrar and Pathologist to the West London Hospital.

SMITH, C. SWABY, M.R.C.P.Ed., M.R.C.S., has been appointed Medical Officer to the Copland-Sudbury Cottage Hospital. Also Medical Officer to the Warehousemen, Travellers', and Clerks' Provident Association.

TENNANT, GEORGE, M.B., C.M., has been appointed Assistant-Physician to Smedley's Hydropathic Establishment Matlock-bridge, vice H. G. Wilson, M.B., C.M., resigned.

WARDALE, JOS. AUGUSTUS WILLIAM, L.R.C.P.Lond., M.R.C.S., has been appointed Resident Surgeon to the Southland Hospital, Invercargill, New Zealand.

Births, Marriages, and Deaths.

BIRTHS.

ADCOCK.—On the 11th inst., at Great Yarmouth, the wife of John Adcock, M.D., Army Medical Department, of a daughter.

BROWN.—On the 13th inst., at Brixton-road, S.W., the wife of R. Gibson Brown, M.R.C.S., of a daughter.

DEVIS.—On the 10th September, at Charter's Towers, Queensland, the wife of C. J. Devis, M.R.C.S.Eng., L.S.A.Lond., of a son.

MACLEOD.—On the 18th inst., at Stoney Down, Walthamstow, Essex, the wife of Neil Macleod, M.D., of Shanghai, of a daughter.

MAHOMED.—On the 18th inst., at St. Thomas's-street, Guy's Hospital, S.E., the wife of F. A. Mahomed, M.B., of a son.

ORMEROD.—On the 14th inst., at Upper Wimpole-street, the wife of Joseph Arderne Ormerod, M.D., of a daughter.

SANDILAND.—On the 13th inst., at Oakley House, Southgate-road, N., the wife of A. H. Sandiland, L.R.C.P.Lond., M.R.C.S., of a son.

SANSOM.—On the 20th inst., at Harley-street, Cavendish-square, the wife of A. Ernest Sansom, M.D., F.R.C.P., of a daughter.

SMITH.—On the 15th inst., at The Acacias, Upper Clapton, the wife of Gerard Smith, M.R.C.S., of a son.

MARRIAGES.

ALDERTON—BROWN.—On the 15th inst., at St. Mary's, Bootle, by the Rev. E. F. Neep, M.A., Herbert Charles Alderton, L.R.C.P.Lond., M.R.C.S.Eng., of Barnoldswick, Yorkshire, youngest son of the late Thomas Alderton, Esq., Surgeon, Reepham, Norfolk, to Wilhelmina Maria Louisa, eldest daughter of W. T. Brown, Esq., Bootle, Lancashire.

BAGNELL—BURROWES.—On the 14th inst., at St. Michael's, Chester-square, William H. Bagnell, M.D., of Pau, France, to Florence May, daughter of the late Philip Burrowes, of New York, U.S.A.

DAVIES—THOMAS.—On the 14th inst., at Newcastle Church, Bridgend, by the Rev. Bickerton Edwards, assisted by the Revds. W. Hughes and H. Morris, Evan Naunton Davies, M.R.C.S.Eng., L.S.A.Lond., to Martha Jane, third daughter of Edward Thomas, Esq., The Rhyl, Bridgend (late of Braichy Cymer).

GRAVELY—BOXALL.—On the 15th inst., at the Parish Church, Wisborough-green, Sussex, Frank Gravely, M.R.C.S., of Newick, Sussex, eldest son of Richard Gravely, M.R.C.S., to Kate, elder daughter of the late Henry Boxall, F.R.C.S., of Wisborough-green.

RUTTLEDGE—DENNISON.—On the 4th ult., at the Church of the Holy Trinity, Jaunpúr, N.W.P. India, by the Rev. A. H. Etty, M.A., Chaplain of Benares, Surgeon-Major Edward Butler Ruttledge, Indian Medical Service, to Alice, second daughter of Mr. John Dennison, late of Rockbank, Skelmorlie, Ayrshire, Scotland.

SEAMAN—SCOTT.—On the 23rd ult., at All Souls' Church, Sitapur, Oudh, Albert Baird Seaman, Surgeon-Major 2nd Queen's Own Regiment, Bengal Light Infantry, son of the late Rev. S. Seaman, M.A.Cantab., of Northwood, Isle of Wight, to Elsie, eldest daughter of Horatio Scott, M.D., Army Medical Department.

STEPHENS—JOHNSON.—On the 14th inst., at St. Paul's, Southampton, William John Stephens, L.R.C.P., of Grand-parade, Brighton, to Helen Wordsworth, third daughter of the late F. W. Johnson, M.D., of Watlington, Norfolk.

DEATHS.

BLYTH.—On the 14th inst., Louis Gwyn Blyth, M.R.C.S., late of Martley, Worcestershire, aged 40.

BORCHARDT.—On the 15th inst., at Swinton House, Fallowfield, near Manchester, Louis Borchardt, M.D., aged 67.

DAVIES.—On the 18th inst., at his residence, Penner House, near Newport, Mon., William Joseph Davies, J.P. and F.R.C.S., aged 66.

FAGGE.—On the 19th inst., at Grosvenor-street, W., C. Hilton Fagge, M.D., F.R.C.P., Physician to Guy's Hospital, in his 46th year.

HARDY.—On August 24th, at Melbourne, Charles Henry Hardy, M.D.Glas., L.R.C.S.I., aged 54.

KRAUSSOLD.—On the 12th inst., at Frankfort-on-Main, suddenly, Hermann Kraussold, M.D., in his 33nd year.

MARRAS.—On the 20th inst., at Canning place, Ernest Adrian Marras, M.R.C.S.E., L.R.C.P., of St. George's Hospital, son of the late Giacinto Marras and Lilla Marras, in his 30th year.

NELSON.—On the 15th inst., at Sydney Mount, Douglas, Isle of Man, Samuel Christian Nelson, M.D., M.R.C.S., Physician to the Household of his Excellency the Lieutenant-Governor, Isle of Man.

WILKINSON.—On the 20th inst., at Devonshire-place, Brighton, W. H. Beacon Wilkinson, M.R.C.S.E., aged 79.

N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*

METEOROLOGICAL READINGS.

(Taken daily at 8.30 a.m. by Steward's Instruments.)

THE LANCET OFFICE, Nov. 22nd, 1883.

Date.	Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Dry Bulb.	Wet Bulb.	Solar Radia in Vacuo.	Max. Temp. Shade.	Min. Temp	Rain fall.	Remarks at 8.30 A.M.
Nov. 16	29·63	S.W.	49	48	..	51	32	0·17	Overcast
,, 17	29·84	S.W.	43	41	..	50	37	..	Cloudy
,, 18	29·93	W.	38	37	..	52	34	0·13	Cloudy
,, 19	29·93	W.	47	45	..	52	36	0·02	Raining
,, 20	29·93	W.	45	42	..	51	40	0·03	Cloudy
,, 21	29·98	W.	48	45	..	55	40	0·02	Cloudy
,, 22	29·87	W.	47	44	..	51	43	..	Cloudy

Medical Diary for the ensuing Week.

Monday, Nov. 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.

METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.

ST. MARK'S HOSPITAL.—Operations, 2 P.M.; on Tuesday, 9 A.M.

HOSPITAL FOR WOMEN, SOHO-SQUARE.—Operations, 2 P.M., and on Thursday at the same hour.

MEDICAL SOCIETY OF LONDON.—8.30 P.M. Mr. Francis Mason, "On a Case illustrating the Treatment of the Præmaxillary Bone in Hare-lip" (living specimen).—Mr. Gay, "Demonstration of Veins connected with the Hepatic System."—Mr. Spencer Watson, "On Recent Improvements in Rhinoscopy and the Treatment of Polypus in the Nose."—Mr. Startin will show a Case of Elephantiasis of Traumatic Origin.

Tuesday, Nov. 27.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.

WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEST LONDON HOSPITAL.—Operations, 2.30 P.M.

ANTHROPOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—8 P.M. Mr. J. G Garson, "On the Cranial Characters of the Inhabitants of Timor-laut."—Mr. H. O. Forbes, "On some of the Tribes of Timor." Mr. G. B. Barron, "On a Human Skull found near Southport."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8.30 P.M. Mr. Sydney Ringer and Dr. H. Sainsbury, "On Investigation into the Action of the Digitalis Group."—Mr. Cowell will exhibit Four Cases of Congenital Dislocation of both Femora (which will be on view half an hour before the meeting), and he will make some comments upon them before it closes.

Wednesday, Nov. 28.

NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 10 A.M.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.—Ophthalmic Operations on Tuesdays and Thursdays, at 1.30 P.M.

ST. MARY'S HOSPITAL.—Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.

LONDON HOSPITAL.—Operations, 2 P.M., and on Thursday and Saturday at the same hour.

GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.

SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.—Skin Department: 1.45 P.M., and on Saturday at 9.15 A.M.

HUNTERIAN SOCIETY.—8 P.M. Dr. Bedford Fenwick, "On some Common Causes of Coughs."

Thursday, Nov. 29.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.

ST. BARTHOLOMEW'S HOSPITAL.—1½ P.M. Surgical Consultations.

CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

NORTH-WEST LONDON HOSPITAL.—Operations, 2½ P.M.

THE PARKES MUSEUM OF HYGIENE.—8 P.M. Dr. Charles Kelly, "On Diseases caused by Sanitary Defects in Houses."

Friday, Nov. 30.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.

ST. THOMAS'S HOSPITAL.—Ophthalmic Operations, 2 P.M.

ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

KING'S COLLEGE HOSPITAL.—Operations, 2 P.M.

Saturday, Dec. 1.

KING'S COLLEGE HOSPITAL.—Operations, 1 P.M.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

It is especially requested that early intelligence of local events having a medical interest, or which it is desirable to bring under the notice of the profession, may be sent direct to this Office.

All communications relating to the editorial business of the journal must be addressed "To the Editor."

Lectures, original articles, and reports should be written on one side only of the paper.

Letters, whether intended for publication or private information, must be authenticated by the names and addresses of their writers, not necessarily for publication.

We cannot prescribe, or recommend practitioners.

Local papers containing reports or news-paragraphs should be marked.

Letters relating to the publication, sale, and advertising departments of THE LANCET *to be addressed "To the Publisher."*

DURHAM MEDICAL SOCIETY.

THE medical societies attached to schools perform useful functions when rightly understood. They serve to prepare the student for the more severe ordeals of reading papers before societies consisting of a larger number of *savants*. The papers read before the Durham Medical Society, of which we have received a copy, are full of interest, especially one by Mr. Caleb on Stammering. We recommend all students to take an interest in the proceedings of their local societies, as conducive to mental health and professional brotherhood.

SPECIFIC GRAVITY OF MUSCLE.

THE following is the reply to the question put by a correspondent:—The specific gravity of muscle is about 1041, water being 1000; but it varies from 1038 to 1055. The weight of a cubic foot of water is, we believe, 107 lb.; a cubic foot of muscle, of which the body is chiefly composed, would therefore be about 111 lb. or 112 lb.

"COLOURLESS IODINE."

To the Editor of THE LANCET.

SIR,—I am requested by so many *confrères* to give the formula I use for the above, that I venture to ask space for a reply through THE LANCET. Put into an open vessel a drachm of tincture of iodine and six ounces of hot water; add twelve grains of phenol and stir with a glass rod, when the solution will be at once bleached. Hot water is necessary, as phenol is not perfectly soluble in cold, and for this reason I do not advise the making of more concentrated solutions. It is possible that they could be made by heating a strong preparation of iodine, but the above is what I advise for gargles, nasal douches, vaginal injections, and the many uses of an admirable antiseptic. As it greatly removes local hyperæsthesis, it is most valuable in such conditions as acute tonsillitis, and is certainly, in my opinion, more efficacious than iodine alone.

I am, Sir, yours, &c.,

Seymour-street, W., Nov. 13th, 1883. PERCY BOULTON, M.D.

To the Editor of THE LANCET.

SIR,—The letter of Dr. Percy Boulton in last week's LANCET on "colourless iodine," so called, leads me to ask your permission to add a few words on the subject. Sulphurous acid added to the liniment or tincture of iodine of the Pharmacopœia produces a colourless solution. I have used this combination for years with very satisfactory results. The liniment of iodine bleached in this way, and suitably diluted is invaluable in ozæna and in most diseases attended with fetid discharges. For chilblains, before the skin breaks, it is excellent as a paint, and, if used early, cures them. For enlarged glands, rheumatic, and other painful affections of joints and muscles, erysipelas, for many cutaneous diseases, and generally wherever iodine and sulphurous acid may be used externally, this combination will be found most useful. It does not stain the skin. It may be used as paint or spray, or diluted as a lotion or injection.

I am, Sir, yours truly,

Liverpool, Nov. 14th, 1883. JAMES LEATHEM, M.D.

Medicus.—The qualification includes both medicine and surgery, and there would be nothing wrong in the title specified.

"PUERPERAL CONVULSIONS."

To the Editor of THE LANCET.

SIR,—With reference to Mr. De'Ath's letter in your journal of the 17th inst. on the above, I am glad to be able to endorse his practice of bleeding and early delivery. I have had three cases in which I bled to the extent of twelve to sixteen ounces, administered at intervals chloroform by Murphy's oral inhaler, and used Churchill's long forceps as soon as the os uteri was sufficiently dilated to apply them. I am so well pleased with the results, all the mothers being saved and two of the children, that I shall adhere to this treatment.

I am, Sir, yours truly,

Battersea, Nov. 20th, 1883. JOHN C. RICHARDSON.

AN HONEST AND KINDLY DIFFERENCE.

B.—We gladly contribute our opinion, and shall be still more glad if it tends to the establishment and confirmation of an understanding so creditable and so proper as that between the gentlemen who so wisely refer their dispute quietly to a disinterested party. We think the whole difficulty is traceable to what Mr. Matthew Arnold would call a slight want of lucidity in B's intimation of the case and of its nature to A. Had he clearly intimated to A its urgency and the importance of an early visit, A would doubtless have kept his own position as the ordinary adviser of the patient. Misunderstanding B's letter, he appeared guilty of neglecting the patient, who thereupon sent for B. We agree with B that, in the long run, the patient must choose her adviser; but B will do well to make it clear to the patient that A's apparent neglect of her was due entirely to a misunderstanding of B's letter. Her decision, whichever way it may turn, should not disturb an understanding so useful and so creditable on both sides.

J. D. S.—1. The Handbook of the St. John Ambulance Association, by the late Surgeon-Major Shepherd.—2. Esmarch's Ambulance Lectures.—3. L. A. Weatherly's Ambulance Lectures.

THE LATE DR. R. S. HUDSON.

To the Editor of THE LANCET.

SIR,—Permit me to add a word of respectful tribute to the memory of Dr. R. S. Hudson, an obituary notice of whom appeared in THE LANCET of Nov. 10th. It may perhaps seem to some more pertinent to its object if I say that it is not from an intimate friend, for, though several times corresponding with him, I only met him once to gain any personal knowledge of him, and that was some years ago by spending an evening at his house. But the impression he made upon me was such that I see him now as vividly as then—a typically hardworked, overworked, general practitioner, yet with a restless energy which would be ever adding to his labours, and an activity of mind which kept him fully abreast of the day not in one branch only, but in all that pertained to his varied duty. His study was packed with all the latest periodical literature of medicine; it reminded me more of a public reading room than a private study; and, so far as one could see, much of this he had not only read, but had absorbed. More than this, he was not only a medical, he was a cultured, man, and it was impossible to spend an hour in his company without feeling that he was equal to occupy and to enjoy the highest place of his calling. I believe from what I have heard from several sources that his work was well recognised in the neighbourhood of his home, and that Hudson of Redruth will long be missed; but I am anxious that those who knew him not may mourn, with those who knew him best, a common loss in the death of this young but exceptionally able man. I am, Sir, yours, &c.,

Weymouth-street, W., Nov. 13th, 1883. JAMES F. GOODHART.

Hepatic.—We think not.

R. A. J.—We believe the gentleman has retired from practice.

TREATMENT OF IDIOPATHIC (PROGRESSIVE PERNICIOUS) ANÆMIA BY ARSENIC.

To the Editor of THE LANCET.

SIR,—Idiopathic anæmia being a rare disease, I venture to send you the following particulars of a case.

In January, 1879, I was consulted by Mrs. R——, aged fifty-six years. She had been rather anæmic for about two years, but not much notice was taken of it, her general health being tolerably good. At this time, however, the symptoms of anæmia rapidly got worse. Iron and nourishing diet proved of no use, and on May 3rd arsenic was tried and continued for ten days without the slightest benefit. On May 14th iron was again tried, but the disease progressed rapidly towards the fatal end, and the patient died on May 22nd, the body looking exactly as if she had died of some sudden hæmorrhage. There were no complications. Although one case does not prove much, I cannot quite think we have found a "specific" for this disease in arsenic, for in this case its use did not even temporally check the progressiveness of this fatal disease. I am, Sir, yours obediently,

Blenheim-crescent, W., Nov. 19th, 1883. HERMANN J. JONES, M.D.

"CHYLOUS URINE."

To the Editor of THE LANCET.

SIR,—I have much pleasure in replying to Mr. Griffith's query in your issue of August 25th, with reference to the treatment of the above. I have seen four cases, one of these being under my own care. In the first two, five grains of gallic acid were given three times a day for a few days, followed by fifteen minims of the tincture of perchloride of iron three times a day, with beneficial results, the urine becoming natural in ten days. In the third and fourth cases iron alone was given, plus ten grains of the sulphate of quinine, every morning, as the malarial element being the cause of the disease was suspected, the patients hailing from Assam and Hassan (Mysore) respectively. Cure was effected in fourteen days. Only one case returned a second time, and he was from Assam. I should think that the patient mentioned would derive much benefit from the administration of quinine in conjunction with the gallic acid or iron. I may as well state that the above cases were treated in Madras. I am, Sir, yours truly,

Assam, Oct. 16th, 1883. E. J. SIMPSON, L.R.C.P.E., &c.

EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS.

AT the half-yearly primary or anatomical and physiological examination for the diploma of Fellow of the College, which was commenced on the 16th inst., the following were the questions on Physiology submitted to the candidates at the written examination, when they were required to answer at least three out of the four questions between 9 and 12 A.M.:—

1. Give an account of the development of a long bone; describe minutely the changes that occur in the formation of the compact structure.
2. What are the constituents of the bile? Give an account of their origin and destination, and describe the tests by which they may be recognised.
3. What are the functions of the skin? How is the temperature of the body governed by the nervous system? Give the evidence on which your statements rest.
4. Describe the development of the spinal cord. State what is known of the paths of conduction in it. Describe the methods by which these paths have been investigated.

The following were the questions on Anatomy, of which it was necessary to answer three out of four between 1 and 4 P.M.:—

1. Give the dissection required to expose the chorda tympani nerve from its exit from the canal of Huguier to its termination.
2. Describe the relations of the arch of the aorta and its branches to the neighbouring structures and the walls of the thorax. Mention the chief peculiarities which have been met with in its position, and in the origin and number of its branches. Illustrate these occasional variations from development and from the permanent condition of the arch and its branches in the lower vertebrates.
3. Compare and contrast the muscles of the human hand and foot.
4. Describe the dissection required to expose the whole of the posterior surface of the descending colon.

Mr. Edward Marshall.—See THE LANCET, Feb. 10th, 1881, page 318.

Dr. C. S. Taylor.—The theory does not appear to be new.

QUALIFICATIONS FOR MEDICAL PRACTICE IN FRANCE.

To the Editor of THE LANCET.

SIR,—Some of your readers may wish to know how they can qualify themselves as medical practitioners in France now that the numerous health stations and pleasure resorts are so largely frequented by their compatriots. The French are, not unnaturally, jealous of foreigners diverting into their pockets the gold which the Anglo-Saxon visitors more than those of any other race spend in France, and medical men have been active in moving the Legislature to prevent illegal practice. Consequently, anyone practising medicine sine diploma is liable to imprisonment. The two medical titles are Doctor of France and Officier de Santé, and the latter, as not involving residence at a medical school, is the qualification usually sought. The examinations are held in April and October at certain large towns, and the holder of the diploma can only practise in the district of France for which the place of examination forms the medical school. A foreign qualified practitioner must either be examined in all the three series of examinations, or he may, by application to the Minister of Public Instruction, be granted exemption from all except the last. This application is usually acceded to, but the delays in transacting official business in France are very great, and the applicant may consider himself very fortunate if he gets a favourable answer in six or eight months. Having obtained this he pays the necessary fees and presents himself for examination at the school of medicine, where he finds himself, with the other candidates and others interested in the examinations, seated in a large room, like one of our class-rooms, in the presence of three examiners (the "jury"), of whom the president takes part in all the examinations, while the others are present only one day, being replaced by two others for each day. The subjects are, for the first day, anatomy and physiology; for the second, surgery, medicine, and midwifery; for the third, clinical surgery and medicine, and materia medica. All are oral, except the last, and the questions do not differ materially from those at pass examinations with us. One or more of the groups may be entered for at the time, so that failure in one or in two does not entail a second examination in the other subjects. All the examinations are in French, and even Latin names of anatomical structures, of diseases, or of drugs are objected to. Having been successful, he can now exercise his profession without fear of being hurried across the frontier like one medical man who had not qualified, gossip alleging that a compatriot had kindly communicated to the authorities this fact.

I am, Sir, your obedient servant,

Monte Carlo, October, 1883. JAMES ALLAN PHILIP, M.A., M.D.

THERAPEUTICAL DRINKING OF HOT WATER.

To the Editor of THE LANCET.

SIR,—I have lately been treating some cases of gout and gravel with hot water in the manner laid down by Dr. Ephraim Cutter in THE LANCET of Sept. 15th, 1883. I find that a tumblerful taken about an hour before each meal, and a little more than a tumblerful in the course of the evening, are sufficient to keep the patient free from gout and his urine free from gravel. I strongly advise some of my gouty *confrères* to try this method upon themselves, and I shall be glad if they will report the result. I am, Sir, your obedient servant,

Lewisham, S.E., Nov. 14th, 1883. HENRY W. JACKSON.

TRANSFER OF PRACTICES.

Lex puts the following query:—A, some sixteen years ago, sold his practice to B, the agreement being between A and B only, and not between their respective administrators, executors, and assigns. A "covenants, promises, and agrees with B that he will not practise" (no period of time being mentioned) "within ten miles of" the specified place, under a certain penalty recoverable as liquidated damages. Shortly after the before-mentioned sale B sold the same practice to C, and subsequently C sold to D. Query: Can A return to the district and practice there without rendering himself liable for the penalty to B (who is now over 100 miles distant) or to B's successors?

Enquirer (Brighton).—Professional rubbing is of course a perfectly legitimate business, and many Turkish bath attendants are trained shampooers; but it should be done under the advice and direction of a physician.

"LIGATURE OF THE BRACHIAL ARTERY FOR WOUND OF THE PALM."

To the Editor of THE LANCET.

SIR,—As a discussion of considerable interest is going on in THE LANCET under the above heading as to the mode of treatment which ought to be adopted in cases of injury to the palmar arches, I would feel obliged if you will insert the notes of a case which came under my care so long ago as the year 1872, when I was serving as surgeon of H.M.S. *Dwarf*, on the China station.

One of the men while on shore fell, having a beer bottle in his hand; the bottle having been broken in the fall, one of the fragments wounded the palm, dividing, I think, both palmar arches. He lost a considerable quantity of blood before I saw him. A graduated compress arrested the bleeding, but as he complained so much of pain, and as there seemed to be a tendency to inflammation and abscess, some other mode of treatment had to be considered. After a consultation with another surgeon (the late Mr. Beaumont, of Foochow), I tied the ulnar vessel. The bleeding ceased, but only for a few moments. I tied the radial artery, and this arrested the hæmorrhage for about six hours. When I was sent for, bleeding having again commenced, I tied the brachial; the patient lost no more blood, and made a fair recovery. It is scarcely fair to lay down a hard-and-fast line of treatment from the experience gained from one case. Still, this man would have been saved the risk of being put twice under chloroform, he would have lost less blood, and I think he would have made a quicker recovery had the brachial been tied in the first instance. It may be interesting to note that the ligature on the ulnar came away on the eighth day, the one on the radial on the eleventh, and that on the brachial on the eighteenth day.

I am, Sir, yours faithfully,

JOHN B. ISAAC, M.D., L.R.C.S. Edin.

Broadmoor Asylum, Berks, Nov. 10th, 1883.

AN UNUSUAL INCIDENT IN LITHOTOMY.

To the Editor of THE LANCET.

SIR,—An Arab boy, of about six or seven years of age, was brought to me with symptoms of stone in the bladder, which, on sounding him, was distinctly felt. A day or so after he was brought for operation, when, on passing the staff, the point impinged on the stone impacted at or about the prostate. I therefore contented myself with a perineal section, intending to remove the stone, evidently a small one, without opening the bladder. On completing the operation and withdrawing the staff the stone disappeared from its position. I told the friends to watch carefully, as the stone would probably be passed with the urine through the wound. A few days afterwards, the symptoms of calculus again becoming urgent, the boy was sounded, and the stone distinctly felt. The ordinary lateral lithotomy was performed, and on passing my finger into the bladder I could feel nothing. I explored with a finger in the rectum, and externally with the sound and dressing forceps, and injected a large quantity of water, but with no result. The only possible way to account for the absence of the stone was that my finger had not entered the bladder at all. On the same evening two small stones the size of pistol bullets were found on the dressing, having been passed through the wound. This may, I think, be considered a curiosity in cutting for stone. The lithotomy being the 108th I have performed—a by no means large experience, by the way, in Indian practice—I could consider myself fairly *au fait* in this branch of surgery; but I was, and am still, fairly puzzled to account for the extraordinary way the calculi eluded my search.—I am, Sir, yours, &c.,

E. COLSON,

Aden, Oct. 28th, 1883. Surg.-Maj., Acting Port Surg., Aden.

ADMINISTRATION OF DIGITALIS.

To the Editor of THE LANCET.

SIR,—In the report of the proceedings of the Liverpool Medical Institution, in your last issue, your correspondent, in referring to my paper on the cardiac tonics, gives me credit for using ten-grain doses of digitalis hourly. As the treatment is criticised as being rather "heroic," it is necessary that I should state that the doses of digitalis used was ten minims of the tincture every hour. The insertion of this correction in your next issue will oblige.

I am, Sir, yours obediently,

Northern Hospital, Liverpool, Nov. 19th, 1883. J. R. LOGAN, M.B.

CASE OF EPILEPSY, WITH SUPPURATION OF CERVICAL GLANDS; INCISION; LARGE DOSE OF BROMIDE OF POTASSIUM.

To the Editor of THE LANCET.

SIR,—The following case lately came under my observation, and thinking it of some interest, I forward you the particulars. B. C——, aged eleven years, has for the last eight years suffered from epilepsy. On July 28th, when first seen by me, he was considerably emaciated, though taking food well; has never been able to read or write, or even talk more than a few disjointed words; is violent at times, and a source of considerable danger to his brothers and sisters; takes pleasure in frivolous toys—in fact is an idiot. His fits were very frequent, and at times (as his mother expressed it) he was hardly out of one fit before he was in another. At the time of my first visit he was taking ninety grains of bromide of potassium per diem without any appreciable effect either on the frequency or severity of his fits; moreover, he had suppuration of the cervical glands of the left side. On my second visit I incised the abscess in his neck, and shortly after my departure he obtained possession of the medicine bottle, containing two ounces and a half of the bromide, and drank the whole. He appeared to suffer no inconvenience from this dose, which did not even produce sleep, but his fits entirely ceased, and for ten weeks after (this is the last I have heard of him), have been in total abeyance, though there is otherwise no improvement in his general condition. The abscess in his neck was acute and healed readily. The question that arises is, whether the cessation of the epileptiform seizures be due to the action of the bromide or the opening of the abscess, or whether these were simply coincidences, and the fits would have stopped of their own accord in the ordinary course of events.

I am, Sir, yours truly,

Southgate-street, Winchester, Oct. 22nd, 1883. F. W. NICHOLSON.

Dr. Bell Taylor.—The novelty calling for notice was the employment of the electric light. A condenser such as that shown in the diagram has, we understand, been in use at Moorfields for some years.

POISONING BY PICKLED LOBSTER.

To the Editor of THE LANCET.

SIR,—Cases of the above have several times come under my notice at this period of the year, when the new season tins of preserved fish are arriving and the shopkeepers are anxious to dispose of their old stock, usually the cheaper qualities. The other night I was hastily summoned to see a gentleman, who informed me that two hours previously he and three others had partaken of some pickled lobster, and, going into the town shortly after, was attacked with abdominal cramp, vomiting, and some purging. I found him collapsed, with very feeble pulse, cold, cramped extremities, and retching violently. Three other members of the household were similarly affected, one severely so. An emetic of sulphate of zinc brought up a quantity of the fish, mostly unacted on. Opium and cognac were then taken, and warmth applied, which in thirty-six hours restored them to health. The symptoms appear due to the acetic acid in the vinegar acting on the soldering of the tin, whose contents thus become impregnated with lead. The inferior and old tins, when opened, are often found devoid of liquid, and containing small pieces of the soldering detached among the contents. In the above case the offending article had been thrown away, or would have been tested for lead and other impurities.—Believe me, Sir, yours truly,

Leeds, Nov. 1883. T. J. HUDSON, M.B.

"GERMAN MEASLES."

To the Editor of THE LANCET.

SIR,—In Quain's Dictionary of Medicine I find "Hives" explained as a popular term for chicken-pox. Would it not make confusion worse confounded to apply this term, as suggested by Dr. Wm. Squire, to rötheln? From the schoolmaster's point of view it would certainly seem desirable to have a euphonious popular name for this complaint, and I think that of "ruby-rash," suggested by Dr. Fitzgerald, is as an appropriate one as is likely to be found. Those who carefully followed the discussion of the subject at the International Medical Congress in 1881 (see Transactions, vol. iv., pages 1 to 31) can, I think, hardly fail to concur in the conclusion arrived at by Dr. Charles West as sectional president, that there was a "general consent as to the existence of a distinct disease similar in some respects to, but not identical with, either measles or scarlatina." It seems high time that this particular disease should have a distinctive English name ("rubella" being, I suppose, generally accepted as its Latin one); and I trust the revisers of the official "Nomenclature of Diseases" will not fail to fix authoritatively a vernacular equivalent for the German rötheln.

I am, Sir, yours, &c.,

G. E. SHUTTLEWORTH, M.D.

Royal Albert Asylum, Lancaster, Nov. 20th, 1883.

FRACTURE OF THE PATELLA.

To the Editor of THE LANCET.

SIR,—In the table of cases of fractured patella, Mr. Johnson Smith is put as having three old cases. One case was a recent fracture, another was the breaking down of the union of an old fracture, and the third an ununited fracture; so opposite his name should have stood a record of one recent case and two old cases. I explained at the Clinical Society that under the head of "old cases" I included rupture of old uniting medium. This makes the total of recent cases twenty-two; old cases twenty-eight.

I am, Sir, yours faithfully,

Green-street, Park-lane, Nov. 20th, 1883. G. R. TURNER.

CAN AN APOTHECARY LEGALLY HOLD A SURGICAL APPOINTMENT?

OUR attention is directed to the fact that a gentleman has been recently appointed to the City Provident Dispensary and Surgical Appliance Association who holds only the licence of the Apothecaries' Society. Undoubtedly the qualification in question does not avail for what is essentially a surgical appointment.

Mr. W. H. Denham.—Our view of the religious and social character of the Acts differs materially from that of our correspondent, but we cannot open our columns to such discussions as would follow the insertion of our correspondent's letter.

A MONSTROSITY.

To the Editor of THE LANCET.

SIR,—The following case, which came under my notice, may interest your readers.

Mrs. P——, of Chelsea, was delivered by me on the 8th inst. of a male child at full term, having the following peculiarities:—There was but one eye, and that placed in the upper part of the face where the nose should be; it was covered by a membrana pupilaris, and was quite bright and clear at birth. There were no signs of optic cavities in the usual position, and no eyebrows. Above the eye and in the centre of the forehead was a fleshy tube, bearing no resemblance at all to a nasal organ. The hollow of the tube led down to the bone, having no communication with the back of the pharynx, as in the case of the posterior nares. The malar bones could not be felt, and the upper maxilla was imperfectly developed. The body and limbs were well formed, but the generative organs were only rudimentary. The child survived its birth about twenty minutes. The mother, who is a young delicate woman, can remember nothing, such as a fright or dream, to account for this freak of nature.

I am, Sir, yours truly,

Sloane-terrace, S.W., Nov. 15th, 1883. A. GRAHAM, L.R.C.P.E.

RINGWORM OF THE SCALP.

To the Editor of THE LANCET.

SIR,—I should be very glad if some of your many readers would kindly inform me how best to treat ringworm of the scalp in a delicate child prone to eczema. I have tried painting with iodine liniment and the thymol application, as recommended by Dr. H. Alder Smith; also the ethereal solution of thymol (℥j. ad ℥iss.), with glycerine and perchloride of mercury (1½ gr. ad ℥j), but, after three months, the fungus continues to spread.

I am, Sir, yours faithfully,

Nov. 21st, 1883. L.R.C.P.

THE BOAST FUND.

To the Editor of THE LANCET.

SIR,—Kindly acknowledge the following additional subscriptions to the above fund:—

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I remain, Sir, yours sincerely,

18, St. George's-terrace, Plymouth, Nov. 13th, 1883. G. JACKSON.

COMMUNICATIONS not noticed in our present number will receive attention in our next.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Pugin Thornton, London; Dr. Bristowe, London; Dr. H. J. Jones, London; Mr. Sinclair, London; Surgeon-Major Hamilton, Dublin; Dr. Hoggan, London; Dr. MacGillivray, Edinburgh; Mr. Pridgin Teale, Leeds; Dr. Mackern, London; Mr. Deighton, Isle of Man; Brigade-Surgeon Oughton; Dr. C. F. Knight, Dublin; Mr. T. A. Warburton, Dulwich; Mr. E. W. Wallis, London; Dr. Walter Fergus, Marlborough College; Mr. M. B. Shirley, Worcester; Mr. Pember; Dr. A. Graham, London; Mr. Arthur Price, Parkhurst; Dr. Hudson, Leeds; Dr. Bell Taylor, Nottingham; Mr. Vassie; Mr. Simpson, Assam; Dr. Diver, Kenley; Mr. Balding, Royston; Mr. Burman, Wath; Dr. Stevenson, London; Dr. Quinlan, Dublin; Dr. A. T. Wise, Malaja; Mr. Lazenby, Durham; Mr. Rivington, London; Dr. Corby, Dublin; Dr. Logan, Liverpool; Mr. H. Denham, Portsmouth; Mr. Milligan, Norwood; Mr. Reginald Harrison, Liverpool; Mr. Mallins, Watton; Dr. Keith Macdonald, Cupar; Mr. Webb, Coleshill; Mr. Lunn, London; Mr. G. R. Turner, London; Dr. Meade, Bradford; Mr. Philipson, Newcastle; Mr. Pike, Loughborough; Dr. W. H. C. Newnham, London; Dr. E. T. Tibbits, Bradford; Mr. Maylard, Glasgow; Dr. Kirk, Partick; Dr. Hardie, Manchester; Mr. J. C. Richardson, London; Dr. M. Moullin, London; Mr. Armstrong, Manchester; Mr. Merlin, Sutton; Messrs. E. Smith and Co., London; Messrs. King and Co., London; Messrs. Cassell and Co., London; Dr. Rice, Derby; Mr. Temple, Kington; Mr. Kynaston, Folkingham; Mr. De Fraine, Aylesbury; Mr. Towlson, Barrowden; Mr. Harris, Silsby; Mr. Manns, Liverpool; Mr. Barrett, Melbourne; Mr. G. Eastes; Mr. Yeomans, Sheffield; Messrs. Banner and Co., London; Messrs. Krohne and Co., London; Messrs. Smith and Son, Dublin; Mr. Lyddon, Oldbury; Dr. Shuttleworth, Lancaster; Mr. Marshall, Mitcham; Mr. Westcott; Mr. P. Warner, Woodford; Mr. Gilbert, London; Dr. Aldridge, Holhow; Mr. B. Roth, Brighton; Surgeon-Major Keeling, Sukkur; Mr. Pennefather Lloyd, Galle; Mr. Forrest, Brandesburton; Mr. Woodland; Mr. A. Bentley, Manchester; Miss Armius, London; Mr. Elliott, Carlisle; Mr. Neave, South Hampstead; Mr. Bucks, Wakefield; Mr. Bonnett, Cambridge; Mr. Leslie, Dundee; Mr. Wilson, Rugby; Messrs. Fannin and Co., Dublin; Mr. Whitford, London; Mr. Knowsley Thornton, London; Mr. W. J. Nixon, London; Mr. C. A. Corke, Prescott; Mr. G. Barling, Birmingham; Mr. Alban Doran, London; Dr. Connon, Ulleudale; Mr. Griffiths, Clifton; Mr. A. Neve; H. M. D.; L.R.C.P.; Science; Beta; Hepatic; J. S. D.; L.L.B.D.; Hibernicus; Royal Ambulance Corps; &c., &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Noble Smith, London; Mr. Clouting, Thetford; Mr. Wyer, Leytonstone; Mr. Roe, Droitwich; Mr. Williams, London; Mr. Birks, Sheffield; Mr. Erquhart, Edinburgh; Messrs. Bell and Badfute, Edinburgh; Mr. Saunders; Mr. Mann, Glasgow; Dr. Ridge, Enfield; Mr. Sharpe, Walsall; Messrs. Woolley and Sons, Manchester; Mr. F. G. White, Ashburton; Dr. Skerrett, Bristol; Mr. Wallace; Messrs. Mawson and Swan, Newcastle-on-Tyne; Dr. Thomson, Luton; Messrs. Savory and Moore, London; Mr. Treves, Margate; Mr. Tweddell, Hartlepool; Mr. Brown, Bootle; Mr. Lower, Sedgefield; Dr. Althaus, London; Messrs. Slinger and Son, York; Messrs. Macmillan and Co., Cambridge; Dr. Emmerson, Biggleswade; Mr. Low, London; Dr. Lush, Fyfield; Mr. Bagshaw, Salford; Dr. Swale; Mr. Saunders, Camden-road; Mr. Conyers, Ilkley; Mr. Penny, Austy; Mr. Townsend, Birmingham; Mr. Jack; Mr. Bewlay, Kilinay; Mr. Jennings, Deptford; Dr. M'Ewen, Poolewe; W., Stockport; G. B. G., Kilburn; Cambridgeshire; Georgius; M.R.C.S., Great Grimsby; Physician; A.B., Bristol; L.R.C.P., Clapham; G. H.; B. A., Tooting; Delta, Camden-town; E. C.; K., Carcrofts; Medicus, Finsbury-park; S. H., Camberwell; Medicus, Finsbury-park; Theta, Portsmouth; Alpha, Doncaster; Medicus, Dublin; Fides; Upsilon; A. P. Z.; Surgeon, Deptford; Struggle; &c., &c.

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